


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90302 039 \*\*\*\*61.25

<b>DOCUMENT # 719295</b>	
1. Entity Name INTERNATIONAL MISSIONS INC.	

Principal Place of Business 6594 COUNTY ROAD 18 HAMPTON, FL 32044 US	Mailing Address 5841 COUNTY RD 209 SOUTH GREEN COVE SPRINGS, FL 32043 US
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**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 46-6015709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARSWELL, JACOB E-  
5949 SE 4TH AVE  
KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, STEPHEN P 5841 COUNTY RD SOUTH GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, RONALD D 5841 COUNTY RD SOUTH GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GODWIN, DARLENE 7074 SW 107TH WAY HAMPTON, FL 32044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILSON, JAN P 5841 COUNTY RD SOUTH GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JOSEPH D 3948 3RD ST SOUTH SUITE 300 JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSWELL, JACOB E 5949 SE 4TH ST KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ronald D. Wilson Ronald D. Wilson Ph. 904-880-6965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #