


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #719295</b> 1. Entity Name INTERNATIONAL MISSIONS INC.	
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Principal Place of Business 5237 OXFORD CREST DRIVE JACKSONVILLE, FL 32258 US	Mailing Address 5237 OXFORD CREST DRIVE JACKSONVILLE, FL 32258 US
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04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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
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**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, 2007**

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 5237 OXFORD CREST DRIVE JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, RONALD D 5237 OXFORD CREST DRIVE JACKSONVILLE, FL 32258
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 5237 OXFORD CREST DRIVE GREEN COVE SPRINGS, FL 32258
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**

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05/21/07-80017-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Jacob E. Carswell Jacob E. Carswell 04-30-07(904)821-4178  
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone #