

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001006

FILED
Apr 13, 2009
Secretary of State

Entity Name: INTERNATIONAL MISSION SUPPORT FOUNDATION INC.

Current Principal Place of Business:

445 NE. 195TH.
APT. 226
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531284
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 65-0871455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCILLE, WINONA J
445 N.E. 195TH STREET
APT. 226
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CV () Delete
Name: HERON, HENRY RICHARD
Address: 1780 NE 158TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VC () Delete
Name: HINKSON, FRANK G
Address: 4858 NW 112 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: THOMPSON, KEITH L SR
Address: 15971 NE 19 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: DICK, ROYLON
Address: 10504 INDIGO LANE
City-St-Zip: FAIRFAX, VA 22032

Title: P () Delete
Name: DUCILLE, WINONA J
Address: 445 NE 195TH STREET SUITE 226
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ST () Delete
Name: ROBINSON, CLAIRE M
Address: 445 NE 195TH STREET APT. 222
City-St-Zip: NORTH MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINONA J. DUCILLE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date