2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000004236

Entity Name: INTERNATIONAL MISSION BUILDERS, INC.

Current Principal Place of Business:

106 W BLVD N.
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

106 W BLVD N
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 30-0179947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, JAMES G
106 WEST BLVD N.
MACCLENNY, FL 32063 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: DIR ( ) Delete
Name: RAULERSON, JOHN A
Address: 13374 N CR 23 A
City-St-Zip: MACCLENNY, FL 32063

Title: DIR ( ) Delete
Name: GRAVES, JOHN E JR.
Address: 12105 CLET HARVEY RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: DIR ( ) Delete
Name: STOKES, MICHAEL
Address: 9054 REIDY BRANCH DR.
City-St-Zip: BRYCEVILLE, FL 32009

Title: DIR ( ) Delete
Name: LYONS, EMIL C SR.
Address: 106 W BLVD N
City-St-Zip: MACCLENNY, FL 32063

Title: DIR ( ) Delete
Name: MILTON, JOHN
Address: 11344 MUDLAKE RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: DIR ( ) Delete
Name: LYONS, JAMES G
Address: 106 W BLVD N.
City-St-Zip: MACCLENNY, FL 32063

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
Name:
Address:
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: JOHN A. RAULERSON DIR 04/21/2009
Electronic Signature of Signing Officer or Director — Date