

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004236

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL MISSION BUILDERS, INC.

**Current Principal Place of Business:**

106 W BLVD  
MACCLENNEY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

106 W BLVD  
MACCLENNEY, 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  
MACCLENNEY, 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  
Name: RAULERSON, JOHN A  
Address: 13374 N CR 23 A  
City-St-Zip: MACCLENNEY, FL 32063

Title: DIR  
Name: JOHNSON, TOMMY D  
Address: 7648 JOHN ROWE RD  
City-St-Zip: MACCLENNEY, FL 32063

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES G LYONS

DIR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date