## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 05, 2005 08:00 AM Secretary of State DOCUMENT # N44967 1. Entity Name INTERNATIONAL MISSIONS MINIŜTRY, INC. Principal Place of Business Mailing Address **6111 FOSTER STREET** 6111 FOSTER STREET JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3075750 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, RICHARD G. 6111 FOSTER STREET Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 City Zip Code 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. TITLE ☐ Defete TITLE Change ☐ Addition U00000288350 COOK, RICHARD G. NAME NAME 04/05/05-80006-011 61.25 112 PENNOCK TRACE DRIVE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CHTY-ST-ZIP DST ☐ Delete ☐ Change ☐ Addition COOK, MAUREEN A. NAME 112 PENNOCK TRACE DRIVE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition THE COOK, CRAIG M NAME NAME 6111 FOSTER STREET STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete COOK, REBECCA L NAME 6111 FOSTER STREET STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CUTY-ST-7IP Addition THE ☐ Defete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition DILE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fifthg does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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

**FILED**