


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006535 (6)**

1. Corporation Name

**INTERNATIONAL MISSIONARY SERVICES, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
PO BOX 848 LAKE WALES FL 32859-0848		PO BOX 848 LAKE WALES FL 32859-0848		12/23/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3421916	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CARDEN, LOUISE H  
341 SHARP STREET  
LAKE WALES FL 33853**

81 Name	CARDEN, LOUISE H.
82 Street Address (P.O. Box Number is Not Acceptable)	116 CITRUS AVE.
83	
84 City	LAKE WALES, FL
85 Zip Code	33853

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLINGER, ROBERT S	1.2 NAME	
STREET ADDRESS	2011 11TH STREET NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, FREDA L	2.2 NAME	
STREET ADDRESS	824 BRENTWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CHARLES E	3.2 NAME	
STREET ADDRESS	1894 NORTH LAKE REEDY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNARRE, ARTHUR E	4.2 NAME	
STREET ADDRESS	3801 COUNTRY OAKS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Louise H. Carden* LOUISE H. CARDEN 1-20-98 941-476-1592

CR2E037 (10/97)