

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006535

1. Entity Name

INTERNATIONAL MISSIONARY SERVICES, INC.

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90326 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 848  
LAKE WALES FL 32859-0848

PO BOX 848  
LAKE WALES FL 32859-0848

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3421916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDEN, LOUISE H  
116 CITRUS AVE  
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
GARLINGER, ROBERT S  
STREET ADDRESS 2011 11TH STREET NW  
CITY-ST-ZIP WINTER HAVEN FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
WADE, FRED A L  
STREET ADDRESS 824/BRENTWOOD DRIVE/ 711 Springer Dr. #4  
CITY-ST-ZIP LAKE WALES FL #4

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 711 Springer Dr., #4  
CITY-ST-ZIP LAKE WALES FL

TITLE NAME ☐ Delete  
CARTER, CHARLES E  
STREET ADDRESS 1894 NORTH LAKE REEDY BLVD  
CITY-ST-ZIP FROSTPROOF FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
SCHNARRE, ARTHUR E  
STREET ADDRESS 3801 COUNTRY OAKS LANE  
CITY-ST-ZIP LAKE WALES FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)