2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N96000006535

Entity Name: INTERNATIONAL MISSIONARY SERVICES, INC.

Current Principal Place of Business:

PO BOX 848
LAKE WALES, FL 328590848

New Principal Place of Business:

116 CITRUS AVE
LAKE WALES, FL 338590848

Current Mailing Address:

PO BOX 848
LAKE WALES, FL 328590848

New Mailing Address:

116 CITRUS AVE
LAKE WALES, FL 338590848 US

FEI Number: 59-3421916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDEN, LOUISE H
116 CITRUS AVE
LAKE WALES, FL 33853 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: T ( ) Delete
Name: WADE, FREDA L
Address: 711 SPRINGER DR #4
City-St-Zip: LAKE WALES, FL

Title: T ( ) Delete
Name: CARTER, CHARLES E
Address: 1894 NORTH LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL

Title: T ( ) Delete
Name: SCHNARRE, ARTHUR E
Address: 3801 COUNTRY OAKS LANE
City-St-Zip: LAKE WALES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition
Name: WADE, FREDA L
Address: 711 SPRINGER DR #4
City-St-Zip: LAKE WALES, FL 33853 US

Title: MR (X) Change ( ) Addition
Name: CARTER, CHARLES E
Address: 1894 NORTH LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL

Title: MR (X) Change ( ) Addition
Name: SCHNARRE, ARTHUR E
Address: 3801 COUNTRY OAKS LANE
City-St-Zip: LAKE WALES, FL 33898

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: LOUISE H. CARDEN MRS 03/25/2009

Electronic Signature of Signing Officer or Director — Date