

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90063 038 \*\*\*\*61.25

**DOCUMENT # N96000006535**

1. Entity Name

**INTERNATIONAL MISSIONARY SERVICES, INC.**



Principal Place of Business

**PO BOX 848  
LAKE WALES FL 32859-0848**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

**CARDEN, LOUISE H  
116 CITRUS AVE  
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

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. 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  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GARLINGER, ROBERT S 2011 11TH STREET NW WINTER HAVEN FL	<input type="checkbox"/>		<input type="checkbox"/>
WADE, FREDA L 711 SPRINGER DR #4 LAKE WALES FL	<input type="checkbox"/>		<input type="checkbox"/>
CARTER, CHARLES E 1894 NORTH LAKE REEDY BLVD FROSTPROOF FL	<input type="checkbox"/>		<input type="checkbox"/>
SCHNARRE, ARTHUR E 3801 COUNTRY OAKS LANE LAKE WALES FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:** *LOUISE H. CARDEN* **03-01-03 863476-1592**

CR2E037 (10/02)