

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726319

(7)

1. Corporation Name

CHRISTIAN ANDES MISSION, INC.

95 MAY -1 7 11 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3926 STEVEMARK LN
SPRING VALLEY CA 91977
US

PO BOX 433758
SAN YSIDRO CA 92143-3758
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

23-7366817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2512 Doubletree Rd.

26 P.O. Box 43 3758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Spring Valley, CA.

27 San Ysidro, CA.

City & State

City & State

23 91978 U.S.A.

28 92143-3758

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIES, JOHN W.
5504 19TH STREET
ZEPHYRHILLS, 33540

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

John W. Fries

4.25.95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FRIES, JOHN W.
STREET ADDRESS	3926 STEVEMARK LANE
CITY, ST, ZIP	2512 Doubletree Rd. SPRING VALLEY CA 91978
TITLE	VPD
NAME	FRIES, JEAN E.
STREET ADDRESS	3926 STEVEMARK LANE
CITY, ST, ZIP	2512 Doubletree Rd. SPRING VALLEY CA 91978
TITLE	SD
NAME	WHITE, ROBERT
STREET ADDRESS	5504 19TH STREET
CITY, ST, ZIP	ZEPHYRHILLS FL 33540
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

John W. Fries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.95

619.660.7769