

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726319** (7)

1. Corporation Name

CHRISTIAN ANDES MISSION, INC.



Principal Place of Business	Mailing Address
2512 DOUBLETREE ROAD SPRING VALLEY CA 91978 US 630 Leona Vicario Col. Guajardo, Tecate, BC Mexico	P.O. BOX 43 3758 SAN YSIDRO CA 92143-3758 US

3. Date Incorporated or Qualified

05/03/1973

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

21. Principal Place of Business	22. Mailing Address
630 Leona Vicario Col. Guajardo	same
Suite, Apt. #, etc. Col. Guajardo	Suite, Apt. #, etc.
City & State Tecate, B.C.	City & State
Zip 25	Zip 30
Country Mexico	Country

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 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

John W. Fries

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.17.98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIES, JOHN W.	
STREET ADDRESS	2512 DOUBLETREE RD.	
CITY-ST-ZIP	SPRING VALLEY CA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRIES, JEAN E.	
STREET ADDRESS	2512 DOUBLETREE ROAD	
CITY-ST-ZIP	SPRING VALLEY CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	6504 19TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	Fries, John W.
1.4 CITY-ST-ZIP	P.O. Box 433758 San Ysidro, CA 92143
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	Fries, Jean E.
2.4 CITY-ST-ZIP	P.O. Box 433758 San Ysidro, CA 92143-3758
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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

(MEXICO) 01152 665 43121
4.17.98 (619) 466 3933

CR2E037 (10/97)