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**May 01, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 726319**

1. Corporation Name

**CHRISTIAN ANDES MISSION, INC.**

Principal Place of Business

630 LEONA VICARIO  
COL GUAJARDO  
TECATE B. 92143-3758

Mailing Address

630 LEONA VICARIO  
COL GUAJARDO  
TECATE B. 92143-3758  
US



2. Principal Place of Business

21 630 Leona Vicario

Suite, Apt. #, etc.

22 Col. Guajardo

23 City & State  
Tecate, B.C., MEXICO

24 Zip Country  
-0- Mexico

2a. Mailing Address

26 P.O. Box 433758

Suite, Apt. #, etc.

27 San Ysidro, CA 92143-3758

28 City & State  
San Ysidro, CA

29 Zip Country  
92143-3758 U.S.A.

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME FRIES, JOHN W.  
STREET ADDRESS PO BOX 433758 N/A  
CITY-ST-ZIP SAN YSIDRO CA 92143

TITLE VPD ☐ DELETE  
NAME FRIES, JEAN E.  
STREET ADDRESS PO BOX 433758 N/A  
CITY-ST-ZIP SAN YSIDRO CA 92143-3758

TITLE SD ☐ DELETE  
NAME WHITE, ROBERT  
STREET ADDRESS 5504 19TH STREET  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4.23.99

CR2E037 (11/98)