

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 08:00 AM****Secretary of State****DOCUMENT # 726319**1. Entity Name
CHRISTIAN ANDES MISSION, INC.Principal Place of Business
630 LEONA VICARIO
COL GUAJARDO
TECATE B.C MEXICO
Mailing Address
PO BOX 1800
TECATE
91980
US CA2. Principal Place of Business
630 LEONA VICARIO

3. Mailing Address

Suite, Apt. #, etc.
COL GUAJARDO

Suite, Apt. #, etc.

City & State
TECATE BC

City & State

Zip
MEXICO
Country
MXZip
Country4. FEI Number
23-7366817
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FRIES, JOHN W.
5504 19TH STREET
ZEPHYRHILLS FL
335407. 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.

SIGNATURE **JOHN W. FRIES** 05/02/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, ROBERT		NAME		
STREET ADDRESS	5504 19TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIES, JEAN E.		NAME		
STREET ADDRESS	PO BOX 1800		STREET ADDRESS		
CITY-ST-ZIP	TECATE CA 91980		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIES, JOHN W.		NAME		
STREET ADDRESS	PO BOX 1800		STREET ADDRESS		
CITY-ST-ZIP	TECATE CA 91980		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **JEAN E. FRIES** VP 05/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)