

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2005  
Secretary of State**

DOCUMENT# 726319

Entity Name: CHRISTIAN ANDES MISSION, INC.

**Current Principal Place of Business:**

630 LEONA VICARIO  
COL GUAJARDO  
TECATE, BC MEXICO MX

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1800  
TECATE, CA 91980 US

**New Mailing Address:**

FEI Number: 23-7366817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRIES, JOHN W.,  
Address: PO BOX 1800  
City-St-Zip: TECATE, CA 91980

Title: VPD ( ) Delete  
Name: FRIES, JEAN E.,  
Address: PO BOX 1800  
City-St-Zip: TECATE, CA 91980

Title: SD ( ) Delete  
Name: WHITE, ROBERT,  
Address: 5504 19TH STREET  
City-St-Zip: ZEPHYRHILLS, FL

Title: D ( ) Delete  
Name: FRIES, PHILIP E  
Address: 3222 TEAL AVE.  
City-St-Zip: SARASOTA, FL 33582

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN E. FRIES

VPD

03/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date