

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001487

Entity Name: MISSION A.I.M., INC.

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

1411 4TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

1601 UNIVERSITY BLVD. N  
JACKSONVILLE, FL 32211

## Current Mailing Address:

P. O. BOX 51272  
JACKSONVILLE BEACH, FL 32240

## New Mailing Address:

FEI Number: 59-3448620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AHEARN, MICHAEL S  
1409 4TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250      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: P ( ) Delete  
Name: AHEARN, MICHAEL S REV  
Address: 1409 4TH STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete  
Name: AHEARN, PAMELA D REV  
Address: 1409 4TH STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S ( ) Delete  
Name: WILDER, CLINT D PASTOR  
Address: 4183 OLD MILLCOVE TRAIL WEST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete  
Name: BREWER, KENNETH L DR  
Address: 1946 EMILY GAIL COURT  
City-St-Zip: JACKSONVILLE, FL 32218

## 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 exemption stated in Chapter 119, 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: REV. MICHAEL S. AHEARN

P

03/04/2009

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

\_\_\_\_\_  
Date