

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001487

Entity Name: MISSION A.I.M., INC.**Current Principal Place of Business:**1601 UNIVERSITY BLVD. N
JACKSONVILLE, FL 32211**Current Mailing Address:**P. O. BOX 51272
JACKSONVILLE BEACH, FL 32240**FEI Number:** 59-3448620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHEARN, MICHAEL S
1409 4TH STREET NORTH
JACKSONVILLE BEACH, FL 32250 US*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

Officer/Director Detail :

Title	P
Name	AHEARN, MICHAEL SREV
Address	1409 4TH STREET NORTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	S
Name	WILDER, CLINT DPASTOR
Address	4183 OLD MILLCOVE TRAIL WEST
City-State-Zip:	JACKSONVILLE FL 32277

Title	VP
Name	AHEARN, PAMELA DREV
Address	1409 4TH STREET NORTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	TREASURER
Name	AHEARN, MICHAEL P.
Address	8343 HOGAN ROAD APT. 80
City-State-Zip:	JACKSONVILLE FL 32216

I hereby 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 all other like empowered.

SIGNATURE: REV MICHAEL S. AHEARN**PRESIDENT****02/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date