

**2016 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:**

1015 ATLANTIC BLVD # 501  
ATLANTIC BEACH, FL 32233-3313 US

**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 VP  
Name AHEARN, PAMELA DREV  
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 TREASURER  
Name AHEARN, MICHAEL P.  
Address 1411 4TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** MICHAEL S AHEARN

P

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date