## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N08000001487

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

### **Current Principal Place of Business:**

1601 UNIVERSTITY BLVD. N JACKSONVILLE, FL 32211

### **Current Mailing Address:**

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

# FEI Number: 59-3448620

### Name and Address of Current Registered Agent:

AHEARN, MICHAEL S 1409 4TH STREET NORTH JACKSONVILLE BEACH, FL 32250 US

# FILED Jan 15, 2015 Secretary of State CC8553265947

Date

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

| Title           | P                           | Title           | VP                              |
|-----------------|-----------------------------|-----------------|---------------------------------|
| Name            | AHEARN, MICHAEL SREV        | Name            | AHEARN, PAMELA DREV             |
| Address         | 1409 4TH STREET NORTH       | Address         | 1409 4TH STREET NORTH           |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 | City-State-Zip: | JACKSONVILLE BEACH FL 32250     |
|                 |                             |                 |                                 |
|                 |                             |                 |                                 |
| Title           | S                           | Title           | TREASURER                       |
| Title<br>Name   | S<br>WILDER, CLINT DPASTOR  | Title<br>Name   | TREASURER<br>AHEARN, MICHAEL P. |
|                 | -                           |                 |                                 |

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

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Electronic Signature of Signing Officer/Director Detail