

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 840427**

1. Entity Name  
AFRICA INLAND MISSION, INC.



Principal Place of Business  
135 WEST CROOKED HILL ROAD  
PEARL RIVER, NY 10965

Mailing Address  
135 WEST CROOKED HILL ROAD  
PEARL RIVER, NY 10965



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-1873101

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, ROBERT  
1000 MEDIA RD  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUYSE, JOHN
STREET ADDRESS	1133 FREMONT ST
CITY-ST-ZIP	ANOKA, MN 55303
TITLE	VD
NAME	VANDYK, MARVIN
STREET ADDRESS	842 FOX HEDGE RD
CITY-ST-ZIP	FRANKLIN LAKE, NJ 07417
TITLE	TD
NAME	HASTINGS, DANA MR
STREET ADDRESS	20 BROOKFIELD RD
CITY-ST-ZIP	DOVER, MA 02030
TITLE	SD
NAME	SUNDEN, DAVID
STREET ADDRESS	835 WILLOW VALLEY LAKES RD
CITY-ST-ZIP	WILLOW STREET, PA 17584
TITLE	D
NAME	BARNETT, TED
STREET ADDRESS	20 SILVER BIRCH LANE
CITY-ST-ZIP	PEARL RIVER, NY, 10965
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000389992  
01/23/06-80007-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

**SIGNATURE:** Ted Barnett Ted Barnett E.I.D. 1-9-06 (845) 7354024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #