2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840427

City-St-Zip:

PEARL RIVER, NY.,

FILED Feb 12, 2009 Secretary of State

Entity Name: AFRICA INLAND MISSION, INC. **Current Principal Place of Business: New Principal Place of Business:** 135 WEST CROOKED HILL ROAD PEARL RIVER, NY 10965 **Current Mailing Address: New Mailing Address:** PO BOX 178 PEARL RIVER, NY 10965 FEI Number: 11-1873101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDS, ROBERT 1000 MEDIÁ RD MINNEOLA, FL 34715 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FARRINGTON, BARBARA Name: Name: Address: 222 ANDERSON AVE Address: City-St-Zip: CLOSTER, NJ 07624 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SUNDEN, DAVID Name: Address: 835 WILLOW VALLEY LAKES RD Address: City-St-Zip: WILLOW STREET, PA 17584 City-St-Zip: Title: () Delete Title: () Change () Addition BARNETT, TED, Name: Name: 20 SILVER BIRCH LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: GEORGE GORDON CFO 02/12/2009