

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004449

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** AMERICAN MISSION INTERNATIONAL, INC.

**Current Principal Place of Business:**

924 ABBIEGAIL DR.  
TALLAHASSEE, FL 323034612

**New Principal Place of Business:**

**Current Mailing Address:**

924 ABBIEGAIL DR.  
TALLAHASSEE, FL 323034612

**New Mailing Address:**

**FEI Number:** 59-3729228      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHERUKARA, THOMAS A  
924 ABBIEGAIL DR.  
TALLAHASSEE, FL 323034612 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: MILLINGTON, GARY  
Address: 2427 WINTERGREEN RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: ALEXANDER, JACOB  
Address: 800 ST. MARK CT.  
City-St-Zip: VIRGINIA BEACH, VA 23455

Title: D ( ) Delete  
Name: CHERUKARA, THOMAS  
Address: 924 ABBIEGAIL DR.  
City-St-Zip: TALLAHASSEE, FL 323034612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: THOMAS A CHERUKARA

MR

05/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date