2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED Aug 11, 2005 8:00 am Secretary of State

08-11-2005 90002 012 ****70.00

ANNUAL REPORT

DOCUMENT # N04000004587 FOUNDATION FOR INTERNATIONAL MISSIONS, INC. Principal Place of Business Mailing Address FIRST PRESBYTERIAN CHURCH OF ST PETERSBURG FIRST PRESBYTERIAN CHURCH OF ST PETERSBURG 701 BEACH DR NE 701 BEACH DR NE 50060989 ST PETERSBURG, FL 33701-2618 ST PETERSBURG, FL 33701-2618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082005 CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 20-1118431 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EATON, DAVID A SR Street Address (P.O. Box Number is Not Acceptable) C/O DAVID A. EATON, P.A. 8801 MARTIN L. KING ST N ST PETERSBURG, FL 33702-3443 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Susan Schlecht Addition D TITLE ☐ Delete TITLE BRINKMAN, KYLE R NAME NAME 1227 14th Ave N STREET ADDRESS STREET ADDRESS 5128 49 AVE N ST Petersburg FL 33705 CITY-ST-ZIP ST PETERSBURG, FL 337095916 CITY-ST-71P Addition ☐ Delete Change TITLE TITLE COATES, ROBERT M NAME NAME 4150 HELENA STINE STREET ADDRESS STREET ADDRESS St Petershung FL 33705 CiTY-ST-ZIP ST PETERSBURG, FL 337035449 CITY-ST-ZIP Addition TITLE ☐ Delete Change HOCHADEL, THOMAS J NAME NAME STREET ADDRESS 1178 42 AVE NE NE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 337035238 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE HUSSUNG, APRIL F NAME NAME STREET ADDRESS 246 SEVENTEENTH AVE NE STREET ADDRESS ST PETERSBURG, FL 337043501 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition LEWIS, JOSEPH A NAME NAME 11908 HADLEIGH WAY STREET ADDRESS STREET ADDRESS TRINITY, FL 346557164 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition **Æ** Delete TITLE OSBORNE, SALLY G NAME NAME STREET ADDRESS 5800 LEELAND ST S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 337151634 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: