

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31472

FILED
Mar 08, 2006
Secretary of State

Entity Name: ADVENTURES IN MISSIONS, INC.

Current Principal Place of Business:

6000 WELLSPRING TRAIL
GAINESVILLE, GA 30506 US

New Principal Place of Business:

Current Mailing Address:

6000 WELLSPRING TRAIL
GAINESVILLE, GA 30506 US

New Mailing Address:

FEI Number: 65-0133113 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HITCHCOCK, CAMERON
164 AL ALCAZAR ST
ROYAL PALM BEACH, FL 33411 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: GOODE, JERRY
Address: 3570 LAYTON DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: D () Delete
Name: OESTREICHER, DICK
Address: 257 EDINGTON CR
City-St-Zip: CANTON, MI 48187

Title: D () Delete
Name: FORTNER, EVERETTE
Address: 363 NORMANDY DR
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: D/O () Delete
Name: BARNES, SETH
Address: 3967 C. LOGGINS RD
City-St-Zip: GAINESVILLE, GA 30506

Title: D () Delete
Name: PROULX, CRAIG
Address: 5100 GUNPOWDER RD.
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: OESTREICHER, MARK
Address: 1789 SLATE TERRACE
City-St-Zip: EL CAJON, CA 92019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STU, JOHNSON
Address: 3112 PINEHURST
City-St-Zip: PLANO, TX 75035

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

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

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

Title: D (X) Change () Addition
Name: ROGER, FISHER
Address: 5124 SAFFIRE DR
City-St-Zip: MARIETTA, GA 30068

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: JENNIFER L. ZODY

DOF

03/08/2006

Electronic Signature of Signing Officer or Director

Date