


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90121 041 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35180**

1. Corporation Name

**FRENCH INTERNATIONAL MISSION, INC.**

Principal Place of Business

~~3400 CEDARWOOD VILLAGE PLACE~~  
~~PENSACOLA FL 32514~~

US *2340 Riddle Road*  
*Cantonment, Florida*  
*US 32533*

Mailing Address

CANTONMENT BAPTIST CHURCH

P O BOX 21

CANTONMENT FL 32533

US



2. Principal Place of Business 21 <i>2340 Riddle Road</i> Suite, Apt. #, etc. 22 <i>Cantonment, FL</i> City & State 23 <i>32533 US</i> Zip Country 24 <i>32533 US</i>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 <i>32533 US</i>		3. Date Incorporated or Qualified <b>11/09/1989</b>	
		4. FEI Number <b>59-2978895</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent

**DAVIS, MORRIS RAY**  
**101 MAGNOLIA AVENUE**  
**CANTONMENT FL 32533**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DM <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, JOHN C.	1.2 NAME	
STREET ADDRESS	<del>3400 CEDARWOOD VILLAGE PLACE</del>	1.3 STREET ADDRESS	<i>2340 Riddle Road</i>
CITY-ST-ZIP	<del>PENSACOLA FL</del>	1.4 CITY-ST-ZIP	<i>CANTONMENT, FLORIDA 32533</i>
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL E.	2.2 NAME	
STREET ADDRESS	2272 ARGLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MORRIS RAY	3.2 NAME	
STREET ADDRESS	101 MAGNOLIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEN, JAMES WILLIAM	4.2 NAME	
STREET ADDRESS	311 BOOTH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Director</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>Steve Taylor</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>1948 West Spencerfield Road</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John C. Lawrence*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)