

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005273 (4)**

1. Corporation Name

**AMERICAN INTERNATIONAL MISSIONS, INC.**



Principal Place of Business	Mailing Address
<b>10010 BELLE RIVE BLVD., APT. 906 JACKSONVILLE FL 32256</b>	<b>10010 BELLE RIVE BLVD., APT. 906 JACKSONVILLE FL 32256</b>

3. Date Incorporated or Qualified <b>09/17/1997</b>	
4. FEI Number <b>59-3082183</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21 <b>4250 COASTAL HWY #13</b>	26 <b>P.O. Box 551532</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 <b>ST. AUGUSTINE FL</b>		City & State 28 <b>JACKSONVILLE, FL.</b>	
Zip 24 <b>32095</b>	Country 25 <b>USA</b>	Zip 29 <b>32255-</b>	Country 30 <b>USA</b>

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
<b>FRIESE, GLEN E</b> <b>10010 BELLE RIVE BLVD., APT. 906</b> <b>JACKSONVILLE FL 32256</b>		<table border="1"> <tr> <td>81 Name</td> <td><b>GLEN E FRIESE</b></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>4250 COASTAL HWY #13</b></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td><b>JACKSONVILLE FL</b></td> </tr> <tr> <td>85 Zip Code</td> <td><b>32095</b></td> </tr> </table>		81 Name	<b>GLEN E FRIESE</b>	82 Street Address (P.O. Box Number is Not Acceptable)	<b>4250 COASTAL HWY #13</b>	83		84 City	<b>JACKSONVILLE FL</b>	85 Zip Code	<b>32095</b>
81 Name	<b>GLEN E FRIESE</b>												
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4250 COASTAL HWY #13</b>												
83													
84 City	<b>JACKSONVILLE FL</b>												
85 Zip Code	<b>32095</b>												

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 **GLEN E. FRIESE** *Glen E. Friese* **6-5-98**  
 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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEC. TRUS - D</b>	12 NAME	<b>PELGY FRIESE</b>
STREET ADDRESS	<b>4250 COASTAL HWY #13</b>	13 STREET ADDRESS	<b>4250 COASTAL HWY #13</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32095</b>	14 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32095</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<b>VICE PRESIDENT - D</b>
NAME		22 NAME	<b>SARA FRIESE</b>
STREET ADDRESS		23 STREET ADDRESS	<b>7701 TIMBERLIN PARK BLVD APT. 921</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<b>PRESIDENT</b>
NAME		32 NAME	<b>GLEN E. FRIESE</b>
STREET ADDRESS		33 STREET ADDRESS	<b>4250 COASTAL HWY #13</b>
CITY-ST-ZIP		34 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32095</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<b>ALISON FRIESE</b>
NAME		42 NAME	<b>7701 TIM BELIN PARK BLVD 921</b>
STREET ADDRESS		43 STREET ADDRESS	<b>JACKSONVILLE, FL 32256</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(l), 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.

SIGNATURE *Glen E. Friese* **GLEN E. FRIESE** **11-98** **904-825** **0188**

CR2E037 (10/97)