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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005273

1. Corporation Name

AMERICAN INTERNATIONAL MISSIONS, INC.

Principal Place of Business

4250 COASTAL HWY
#8
ST AUGUSTINE FL 32095
US

Mailing Address

P O BOX 551532
JACKSONVILLE FL 32255
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

59-3082183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRIESE, GLEN E
4250 COASTAL HWY
#8
JACKSONVILLE FL 32095

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 *Glen E. Friese*
Signature, typed or printed name of registered agent and title if applicable.

GLEN E. FRIESE PRES.

5-28-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **STD**
NAME **FRIESE, PEGGY**
STREET ADDRESS **4250 COASTAL HWY #B**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **VD**
NAME **FRIESE, SARAH**
STREET ADDRESS **7701 TIMBERLIN PARK BLVD APT 921**
CITY-ST-ZIP **JACKSONVILLE FL 32095**

TITLE **PD**
NAME **FRIESE, GLEN E**
STREET ADDRESS **4250 COASTAL HWY #B**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **D**
NAME **FRIESE, ALISON**
STREET ADDRESS **7701 TIMBERLIN PARK BLVD 921**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE **STD**
1.2 NAME **PEGGY FRIESE**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **W. PALM BEACH, FL.**

2.1 TITLE **VD**
2.2 NAME **FRIESE, SARAH**
2.3 STREET ADDRESS **4250 COASTAL HWY #B**
2.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32095**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D**
4.2 NAME **FRIESE, ALISON**
4.3 STREET ADDRESS **1677 BRANDY WINE Rd. # 5312**
4.4 CITY-ST-ZIP **W. PALM BEACH, FL. 33409**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Glen E. Friese* **GLEN E. FRIESE** **5-28-99** **904-825-0188**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)