2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90333 003 ****61.25

DOCUMENT # N97000005273

1. Entity Name

AMERICAN INTERNATIONAL MISSIONS, INC.

Principal Place of Business	Mailing Address
~~4250 COASTAL HWY #B ST AUGUSTINE FL 32095 US~~ 51B BEACHCOMBER WAY ST. AUGUSTINE, FL. 32084	P O BOX 23891 JACKSONVILLE FL 32259-3891 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3082183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIESE, GLEN E ~~4250 COASTAL HWY #B JACKSONVILLE FL 32095~~ 51B BEACHCOMBER WAY ST. AUGUSTINE, FL. 32084	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE X Rev. Glen E Friese 2/28/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FRIESE, PEGGY *4250 COASTAL HWY #B* *ST AUGUSTINE FL 32095*	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FRIESE, PEGGY 51 B ~~COASTAL HWY~~ BEACHCOMBER WAY ST. AUGUSTINE, FL. 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRIESE, SARAH 4250 COASTAL HWY #3 ST. AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ULMER, SARAH 406 MISTY MORNING LN. ST AUGUSTINE, FL. 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIESE, GLEN E 4250 COASTAL HWY #B ST AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIESE GLENE 51B ~~COASTAL HWY~~ BEACHCOMBER WAY ST, AUGUSTINE, FL. 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIESE, ALISON 1077 BRANDYWINE RD. #5312 W. PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIESE, ALISON 1663 BRANDYWINE W. PALM BEACH, FL. 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 2/28/01 904 825-0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #