

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005273

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: AMERICAN INTERNATIONAL MISSIONS, INC.

**Current Principal Place of Business:**

51B BEACHOMBER WAY  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

51B BEACHOMBER WAY  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 59-3082183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FRIESE, GLEN E  
51B BEACHCOMBER WAY  
SAINT AUGUSTINE, FL 32084 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: DS ( ) Delete  
Name: FRIESE, PEGGY  
Address: 51B BEACHCOMBER WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD ( ) Delete  
Name: ULMER, SARAH  
Address: 132 LAUREN PLACE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: P ( ) Delete  
Name: FRIESE, GLEN E  
Address: 51B BEACHCOMBER WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: VERSAILLES, ALISON G  
Address: 3403 MERRICK COURT  
City-St-Zip: MARGATE, FL 33063

Title: DT ( ) Delete  
Name: KNIGHT, AC K III  
Address: US 17 BRUNSWICK GA  
City-St-Zip: BRUNSWICK, GA 31521

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: VP (X) Change ( ) Addition  
Name: VERSAILLES, ALISON G  
Address: 14670 SW 132ND CT  
City-St-Zip: MIAMI, FL 33186

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: PEGGY J FRIESE

DS

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date