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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001421 (4)

1. Corporation Name
LA MISSION, INC.



Principal Place of Business: 5015 BAGGETT PLACE COCOA FL 32926
Mailing Address: 5015 BAGGETT PLACE COCOA FL 32926-2411

3. Date Incorporated or Qualified: 03/11/1996
3a. Date of Last Report

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-3413937
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN, ROBERT E
5015 BAGGETT PLACE
COCOA FL 32926

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: Robert C. Swann

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWANN, ROBERT E	
STREET ADDRESS	5015 BAGGETT PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, RICHARD W REV	
STREET ADDRESS	29501 S.W. 152ND AVENUE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	MSD	<input type="checkbox"/> DELETE
NAME	SWANN, SILVANE E	
STREET ADDRESS	5015 BAGGETT PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURDEN, DAVID	
STREET ADDRESS	2406 CHERBOURG DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANSUR, JOHN W	
STREET ADDRESS	4195 SPARROW HAWK ROAD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KERSTETTER, DANELLA	
STREET ADDRESS	4675 NORTH FRIDAY CIRCLE	
CITY-ST-ZIP	COCOA FL 32926	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL G. WRIGHT	
2.3 STREET ADDRESS	849 RAINTREE AVENUE	
2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PHILIP MOORE	
6.3 STREET ADDRESS	1338 DEER TRAIL	
6.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	

14. I do 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.

SIGNATURE: Robert C. Swann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

(407)632-1927

Date

Daytime Phone # 0019084

CR2E037 (9/96)