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Secretary of State

03-17-1999 90082 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001421

1. Corporation Name
LA MISSION, INC.

Principal Place of Business 5015 BAGGETT PLACE COCOA FL 32926	Mailing Address 5015 BAGGETT PLACE COCOA FL 32926
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3413937
City & State 23	City & State 28	Applied For <input type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 E. Swann, President** *Robert E. Swann* **01-20-99**
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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL G. WRIGHT	1.2 NAME	
STREET ADDRESS	849 BAIN TREE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL G.	2.2 NAME	
STREET ADDRESS	849 RAIN TREE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	
TITLE	MSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANN, SILVANE E	3.2 NAME	
STREET ADDRESS	5015 BAGGETT PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELJONOR, ZIDOR	4.2 NAME	
STREET ADDRESS	1044 JACARANDA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH JOHNSON	5.2 NAME	
STREET ADDRESS	1360 CAPHEUS CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRIT ISLAND FL 32953	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PHILIP	6.2 NAME	
STREET ADDRESS	1338 DEER TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	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: **Robert E. Swann, President** *Robert E. Swann* **01-20-99** (407) 632-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

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N96000001421

La Mission, Inc.
List of Officers and Directors
(As of 12 January 1999)

Robert Swann

General Director (1999); President (1999); Director (1999-2001)
5015 Baggett Place, Cocoa, FL 32926
632-1927

Mark Shropshire

Vice-President (1999); Director (1998-2000)
4645 Alan Sheppard Ave., Cocoa, FL 32926
631-6240

Michael Wright

Treasurer (1999); Director (1997-99)
849 Raintree Ave., Rockledge, FL 32955
639-6062

Philip Moore

Secretary (1999); Director (1997-99)
1338 Deer Trail, Rockledge, FL 32955
636-9843

Silvane Swann

Missionary Secretary (1999); Director (1998-2000)
5015 Baggett Place, Cocoa, FL 32926
632-1927

Telionor Zidor

Director (1997-99)
1044 Jacaranda Circle, Rockledge, FL 32955
632-6837

Michael Willis

Director (1997-99)
1062 Pelican Lane, Rockledge, FL 32955
631-0303

Kenny Johnsen

Director (1998-2000)
1601 Gable Ct., Merritt Island, FL 32953
453-1700

Paul Aviles

Director (1998-2000)
55 Rockledge Ave., Rockledge, FL 32955
636-0517