

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001421

1. Entity Name

LA MISSION, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90072 050 ****61.25

0070117

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

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 59-3413937 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

SWANN, ROBERT E
5015 BAGGETT PLACE
COCOA FL 32926

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 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	SD	<input type="checkbox"/> Delete
NAME	SWANN, JOSEPH A	
STREET ADDRESS	4951 ECSTASY CIRCLE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHROPSHIRE, MARK	
STREET ADDRESS	4645 ALAN SHEPPARD AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	MSD	<input type="checkbox"/> Delete
NAME	SWANN, SILVANE E	
STREET ADDRESS	5015 BAGGETT PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	SWANN, ROBERT E	
STREET ADDRESS	5015 BAGGETT PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOSKINS, PAUL	
STREET ADDRESS	445 ALBATROSS STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, JESSIE MAE	
STREET ADDRESS	250 PRICE AVENUE	
CITY-ST-ZIP	COCOA FL 32926	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Lewis G. Rhoades, Jr.	
STREET ADDRESS	7287 Eureka Ave.	
CITY-ST-ZIP	Cocoa, FL. 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert E. Swann REQUIRE Robert E. Swann 02-08-02 (321) 632-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)