

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001421

**Entity Name:** LA MISSION, INC.

**Current Principal Place of Business:**

5015 BAGGETT PLACE  
COCOA, FL 32926

**FILED**  
**Jan 19, 2020**  
**Secretary of State**  
**9785518406CC**

**Current Mailing Address:**

5015 BAGGETT PLACE  
COCOA, FL 32926 US

**FEI Number: 59-3413937**

**Certificate of Status Desired: No**

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

SWANN, ROBERT E  
5015 BAGGETT PLACE  
COCOA, FL 32926 US

*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

**Officer/Director Detail :**

Title FSD  
Name SWANN, SILVANE E  
Address 5015 BAGGETT PLACE  
City-State-Zip: COCOA FL 32926

Title PMD  
Name SWANN, ROBERT E  
Address 5015 BAGGETT PLACE  
City-State-Zip: COCOA FL 32926

Title TD  
Name JOHNSEN, KENNETH  
Address 3747 FENNER ROAD  
City-State-Zip: COCOA FL 32926

Title VP, DIRECTOR  
Name SWANN, ANDRE J  
Address 5015 BAGGETT PLACE  
City-State-Zip: COCOA FL 32926

Title SD  
Name DARGIE, ROBERT JR.  
Address 2615 SOUTH STREET  
City-State-Zip: TITUSVILLE FL 32780

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT E. SWANN**

**PMD**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date