

2013 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**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	VDD
Name	ZIMMERMAN, LARRY
Address	8522 N ATLANTIC AVE, UNIT # 37
City-State-Zip:	CAPE CANAVERAL FL 32920

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	3720 SUNWARD DRIVE
City-State-Zip:	MERRITT ISLAND FL 32953

Title	SD
Name	MAHONEY, JAMES P
Address	225 SOUTH TROPICAL TRAIL, # 403
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	DELGADO, MIGUEL A
Address	212 RAINBOW ST
City-State-Zip:	MERRITT ISLAND FL 32952

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

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****03/31/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date