

2016 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 SECRETARY, DIRECTOR
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 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

Title D
Name LEGG, DONNIE
Address 2635 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**PRESIDENT****03/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date