

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700998

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: SOUTH AMERICA MISSION, INC.

## Current Principal Place of Business:

5217 S. MILITARY TRAIL  
LAKE WORTH, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

C/O RONALD DOLISLAGER  
5217 S. MILITARY TRAIL  
LAKE WORTH, FL 33463

## New Mailing Address:

C/O JENNY WEED  
5217 S. MILITARY TRAIL  
LAKE WORTH, FL 33463

FEI Number: 59-0662279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OGDEN, WILLIAM K.  
5217 S. MILITARY TRAIL  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: SKIVINGTON, KEITH  
Address: 1146 BREAKER WEST BLVD  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: D ( ) Delete  
Name: ENOCH, JEN  
Address: 3934 WEST SIDE DRIVE  
City-St-Zip: HUDSONVILLE, MI 49464

Title: VD ( ) Delete  
Name: RINKER, DAVID B.  
Address: 556 MUIERFIELD DR  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: COHILL, DONALD F  
Address: 1902 CRESTWOOD DR  
City-St-Zip: CALEDONIA, WI 53108

Title: SD ( ) Delete  
Name: MILLER, LINDA  
Address: 1223 AVONDALE LANE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD ( ) Delete  
Name: WORSHAM, JERRY W REV  
Address: 704 CRABTREE LANE  
City-St-Zip: RACINE, WI 53406

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COHILL, DONALD F  
Address: 3446 N. EMMERTSEN  
City-St-Zip: RACINE, WI 53406

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM K. OGDEN

CEO

04/26/2006

Electronic Signature of Signing Officer or Director

Date