FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822884** **(3)**

1. Corporation Name

LATIN AMERICA MISSION, INC.

Principal Place of Business	Mailing Address
5465 N.W. 36TH STREET P. O. BOX 52-7900 MIAMI FL 33166	5465 N.W. 36TH STREET P. O. BOX 52-7900 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1969
3a. Date of Last Report: 03/16/1994
4. FEI Number: 22-6000757 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

21 Principal Place of Business	26 Mailing Address
Same as above	Same as above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LANDREY, J PAUL
5465 NW 36 ST
MIAMI SPRINGS 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	PIERSON, PAUL E.	1.2 NAME	
STREET ADDRESS	1275 E. MORADA PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DICKERSON, JR, WILLARD W	2.2 NAME	
STREET ADDRESS	24 WHITCOMB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOLTON MA	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ARTHUR S	3.2 NAME	
STREET ADDRESS	319 CROMWELL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	LANDREY, PAUL J.	4.2 NAME	
STREET ADDRESS	5465 NW 36TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	~~SD~~	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~VAN HALSEMA, THEA B~~	5.2 NAME	Plueddeman, Carol S.
STREET ADDRESS	~~3831 VILLA MONTEE~~	5.3 STREET ADDRESS	13513 Norlington Court
CITY-ST-ZIP	~~GRAND RAPIDS MI~~	5.4 CITY-ST-ZIP	Charlotte NC 28273-6779
TITLE	AT	6.1 TITLE	☐ Change ☐ Addition
NAME	FAHRINGER, MOLLY P	6.2 NAME	
STREET ADDRESS	4250 SW 67 AVE #33	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE: J. Paul Landrey J. Paul Landrey, President 4/13/95 305-884-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000344