

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified
06/03/1969

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDREY, J PAUL
5465 NW 36 ST
MIAMI SPRINGS 33166**

81 Name
Howard, David M.

82 Street Address (P.O. Box Number is Not Acceptable)
5465 NW 36th St.

83

84 City
Miami

85 Zip Code
FL 33166

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David M. Howard

David M. Howard, President

June 25, 1996

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **PIERSON, PAUL E.**
CITY-ST-ZIP **1275 E. MORADA PLACE
ATLANTA GA**

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME **Pierson, Paul E.**
1.3 STREET ADDRESS **1275 E. Morada Place**
1.4 CITY-ST-ZIP **Altadena, CA 91101**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DICKERSON, JR, WILLARD W**
CITY-ST-ZIP **24 WHITCOMB ROAD
BOLTON MA**

2.1 TITLE **CD** ☒ Change ☐ Addition
2.2 NAME **Dickerson, Jr, Willard W.**
2.3 STREET ADDRESS **24 Whitcomb Road**
2.4 CITY-ST-ZIP **Bolton, MA 01740**

TITLE ☒ DELETE
NAME **VCD**
STREET ADDRESS **BROWN, ARTHUR S**
CITY-ST-ZIP **319 CROMWELL CT
WESTMONT IL**

3.1 TITLE **VCD** ☐ Change ☒ Addition
3.2 NAME **Livingston, J. Kevin**
3.3 STREET ADDRESS **528 River Road**
3.4 CITY-ST-ZIP **Cambridge, Ontario N3C 2B7 Canada**

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **LANDREY, PAUL J.**
CITY-ST-ZIP **5465 NW 36TH ST
MIAMI SPRINGS FL**

4.1 TITLE **P** ☐ Change ☒ Addition
4.2 NAME **Howard, David M.**
4.3 STREET ADDRESS **5465 NW 36 St**
4.4 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **PLUEDDEMAN, CAROL S.**
CITY-ST-ZIP **13513 NORLINGTON COURT
CHARLOTTE NC**

5.1 TITLE **TD** ☐ Change ☒ Addition
5.2 NAME **Bengtson, Sture R.**
5.3 STREET ADDRESS **10820 SW 74 Court**
5.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **FAHRINGER, MOLLY P**
CITY-ST-ZIP **4250 SW 67 AVE #33
MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 an address.

SIGNATURE:

Molly P. Fahringer

Molly P. Fahringer

June 25, 1996

(305)884-8400

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (3/96)