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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 822884 (3)**

1. Corporation Name

LATIN AMERICA MISSION, INC.

Principal Place of Business

**5465 N.W. 36TH STREET
P. O. BOX 52-7900
MIAMI FL 33166**

Mailing Address

**5465 N.W. 36TH STREET
P. O. BOX 52-7900
MIAMI FL 33166-5811**3. Date Incorporated or Qualified
06/03/19693a. Date of Last Report
07/26/19964. FEI Number
22-6000757Applied For
Not Applicable5. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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
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****January 10, 1997**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PIERSON, PAUL E.	
STREET ADDRESS	1275 E. MORADA PLACE	
CITY - ST - ZIP	ATLANTA CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DICKERSON, JR, WILLARD W	
STREET ADDRESS	24 WHITCOMB ROAD	
CITY - ST - ZIP	BOLTON MA	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, J. KEVIN	
STREET ADDRESS	528 RIVER ROAD	
CITY - ST - ZIP	CAMBRIDGE ON	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWARD, DAVID M.	
STREET ADDRESS	5465 NW 36 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PLUEDDEMAN, CAROL S.	
STREET ADDRESS	13513 NORLINGTON COURT	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FAHRINGER, MOLLY P	
STREET ADDRESS	4250 SW 67 AVE #33	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bengtson, Sture R.	
1.3 STREET ADDRESS	10820 SW 74 Court	
1.4 CITY - ST - ZIP	Miami, FL 33156	
2.1 TITLE	C Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	Bolton, MA 01740	
2.4 CITY - ST - ZIP		
3.1 TITLE	VC Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Cambridge, ON N3C 2A9	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Miami, FL 33166	
5.1 TITLE	S Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	Charlotte, NC 28273-6779	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Meyers, Marilyn S.	
6.3 STREET ADDRESS	6200 SW 32 Street	
6.4 CITY - ST - ZIP	Miramar, FL 33023	

14. I do hereby certify that the information supplied with this filing 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 an address.

SIGNATURE: *Marilyn S. Meyers* Marilyn S. Meyers January 10, 1997 (305)884-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032033

CR2E037 (9/96)