

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822884

FILED  
Mar 07, 2005  
Secretary of State

Entity Name: LATIN AMERICA MISSION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 52-7900  
MIAMI, FL 33152 US

## New Mailing Address:

FEI Number: 22-6000757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEFUS, DAVID R  
5465 NW 36 ST  
MIAMI, FL 33166 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: TT ( ) Delete  
Name: BENGTON, STURE R  
Address: 10820 SW 74 CT  
City-St-Zip: MIAMI, FL 33156 US

Title: VCT ( ) Delete  
Name: TAYLOR, AMB. CLYDE D  
Address: 3613 WINFIELD LANE NW  
City-St-Zip: WASHINGTON, DC 20007 US

Title: CT ( ) Delete  
Name: DICKERSON, WILLARD W  
Address: 24 WHITCOMB ROAD  
City-St-Zip: BOLTON, MA 01740 US

Title: PD ( ) Delete  
Name: BEFUS, DAVID R  
Address: 5465 NW 36 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: T ( ) Delete  
Name: ANDERSON, ANDY C  
Address: 6102 BRIARCLIFF ROAD  
City-St-Zip: COLORADO SPRINGS, CO 80918 US

Title: ST ( ) Delete  
Name: MARSHALL, DR. MURRAY J  
Address: 2815 40TH AVENUE WEST  
City-St-Zip: SEATTLE, WA 98199 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TT (X) Change ( ) Addition  
Name: PADDON, JOHN W  
Address: 16 NORTHBRIDGE PLACE  
City-St-Zip: CONVENT STATION, NJ 07960 US

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

Title: ST (X) Change ( ) Addition  
Name: LE SHANA, DR. DAVID  
Address: 5737 CHARLES CIRCLE  
City-St-Zip: LAKE OSWEGO, OR 97035 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID R. BEFUS

PD

03/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date