

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822884

FILED
Mar 07, 2006
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: PADDON, JOHN W
Address: 16 NORTHBRIDGE PLACE
City-St-Zip: CONVENT STATION, NJ 07960 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: LE SHANA, DR. DAVID
Address: 5737 CHARLES CIRCLE
City-St-Zip: LAKE OSWEGO, OR 97035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TT (X) Change () Addition
Name: MEAN, STEPHEN
Address: PO BOX 645
City-St-Zip: LIBERTY LAKE, WA 99019 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: T (X) Change () Addition
Name: GUTIERREZ, PETER DR.
Address: 6120 MT. RIDGE ROAD
City-St-Zip: CATONSVILLE, MD 21228

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: DAVID R. BEFUS

PRES

03/07/2006

Electronic Signature of Signing Officer or Director

Date