

1092

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 FEB -7 PM 2:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number 22-6000757 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 822884
1. Entity Name
LATIN AMERICA MISSION, INC.



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

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**BEFUS, DAVID R
5465 NW 36 ST
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

**000088061270
02/13/07--01001--004 **\$61.25**

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC GUTIERREZ, PETER DR. 6120 MT. RIDGE ROAD CANTONSVILLE, MD 21228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC DICKERSON, WILLARD W 24 WHITCOMB ROAD BOLTON, MA 01740 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHAEFER, ARLENE 3323 WESTSIDE AVENUE CINCINNATI, OH 45208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MEAN, STEPHEN APARTADO 100-2350 SAN FRANCISCO DE DOS RIO COSTA RICA, CR 10023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEFUS, DAVID R DR. 5465 NW 36TH STREET MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David R. Befus **February 5, 2007** **305-884-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*P.O. Box 52-7900 Miami, FL 33152-7900
(305) 884-8400 Fax: (305) 885-8649
E-mail: info@lam.org Internet: www.lam.org*

Zafz

February 5, 2007

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sirs,

Please find enclosed our request to amend our 2007 annual report.

As per the instructions, the following principals need to be made part of the record:

VP Ministries, Miguel Angel DeMarco, 20001 SW 134th Ave., Miami, FL 33177
VP Finance, Jose C Zirena, 2005 SW 83 Court, Miami, FL 33155
Director of Personnel, Constance P. Befus, 501 De Soto Drive, Miami Springs, FL 33166

If you have any questions, or require additional information, please contact me at 305-884-8400. I can also be reached by electronic mail at drbefus@lam.org

Sincerely,

David R. Befus
President and Registered Agent
Latin America Mission, Inc.

PS.: A check for \$61.25 is enclosed