

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822884

FILED
Mar 13, 2008
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:

VOELKEL, JANVIER W
5465 NW 36 ST
MIAMI, FL 33166 US

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: JANVIER W. VOELKEL

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TC () Delete
Name: GUTIERREZ, PETER DR.
Address: 6120 MT. RIDGE ROAD
City-St-Zip: CANTONSVILLE, MD 21228 US

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

Title: TS () Delete
Name: SCHAEFER, ARLENE
Address: 3323 WESTSIDE AVENUE
City-St-Zip: CINCINNATI, OH 45208 US

Title: TT () Delete
Name: MEAN, STEPHEN
Address: APARTADO 100-2350 SAN FRANCISCO DE DOS RIO
City-St-Zip: COSTA RICA, CR 10023 CR

Title: DP () Delete
Name: BEFUS, DAVID R DR.
Address: 5465 NW 36TH STREET
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VPM (X) Delete
Name: DEMARCO, MIGUEL A
Address: 20001 SW 134TH AVENUE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DP (X) Change () Addition
Name: VOELKEL, JANVIER W DR.
Address: 671 ELDREON DRIVE, APT. 14
City-St-Zip: MIAMI SPRINGS, FL 33166 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JANVIER W. VOELKEL

DP

03/13/2008

Electronic Signature of Signing Officer or Director

Date