

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009883

FILED
May 01, 2007
Secretary of State

Entity Name: LATIN AMERICAN MISSION, INC.

Current Principal Place of Business:

498 W. MONTROSE STREET
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

614 E. HIGHWAY 50
P. O. BOX 222
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 56-2612032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOTO, JOSE JR.
614 E. HIGHWAY 50
P. O. BOX 222
CLERMONT, FL 34711 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: P () Delete
Name: SOTO, JOSE JR.
Address: 142 LAKE CATHERINE CIRCLE
City-St-Zip: GROVELAND, FL 34736 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S () Change (X) Addition
Name: RAMIREZ, FELIZ
Address: P. O. BOX 98
City-St-Zip: MASCOTTE, FL 34750 US

Title: T () Change (X) Addition
Name: GUTIERREZ, FIDEL
Address: 13419 LAKE BLVD.
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: O () Change (X) Addition
Name: HART, MICHAEL
Address: 211 LAKESHORE DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

Title: O () Change (X) Addition
Name: SOTO, JOSE III
Address: 142 LAKE CATHERINE CIRCLE
City-St-Zip: GROVELAND, FL 34736 US

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: JOSE SOTO, JR.

P

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date