

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 007 ****61.25

DOCUMENT # N39427

1. Entity Name
LATIN AMERICAN MISSIONARY CHALLENGE, INC.



Principal Place of Business
**9214 DAVIS ROAD
P.O. BOX 16889
TEMPLE TERRACE, FL 33687-6889**

Mailing Address
**9214 DAVIS ROAD
P.O. BOX 16889
TEMPLE TERRACE, FL 33687-6889**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3054342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, KAYE
9214 DAVIS ROAD
TEMPLE TERRACE, FL 33687-6889**

**DO NOT WRITE
IN THIS SPACE**

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.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LINDGREN, J. CHARLOTTE
STREET ADDRESS 9214 DAVIS ROAD
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE TD
NAME FLORES, DEBORAH D.H.
STREET ADDRESS 9214 DAVIS ROAD
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE VP
NAME FLORES, ALVARO
STREET ADDRESS 9214 DAVIS ROAD
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE S
NAME BROOKS, KAYE
STREET ADDRESS 9214 DAVIS ROAD
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE D
NAME BROOKS, DALE
STREET ADDRESS 9214 DAVIS ROAD
CITY-ST-ZIP TEMPLE TERRACE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Kaye Brooks-Kaye Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05 813-988-3557
Date Daytime Phone #