

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39427

FILED
Mar 20, 2007
Secretary of State

Entity Name: LATIN AMERICAN MISSIONARY CHALLENGE, INC.

Current Principal Place of Business:

9214 DAVIS ROAD
P.O. BOX 16889
TEMPLE TERRACE, FL 336876889

New Principal Place of Business:

8610 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637

Current Mailing Address:

9214 DAVIS ROAD
P.O. BOX 16889
TEMPLE TERRACE, FL 336876889

New Mailing Address:

P.O. BOX 16889
TEMPLE TERRACE, FL 336876889

FEI Number: 59-3054342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, KAYE
9214 DAVIS ROAD
TEMPLE TERRACE, FL 336876889 US

Name and Address of New Registered Agent:

BROOKS, KAYE
8610 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 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:

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINDGREN, J. CHARLOT, TE
Address: 9214 DAVIS ROAD
City-St-Zip: TEMPLE TERRACE, FL

Title: TD () Delete
Name: FLORES, DEBORAH D.H.,
Address: 9214 DAVIS ROAD
City-St-Zip: TEMPLE TERRACE, FL

Title: VP () Delete
Name: FLORES, ALVARO,
Address: 9214 DAVIS ROAD
City-St-Zip: TEMPLE TERRACE, FL

Title: S () Delete
Name: BROOKS, KAYE,
Address: 9214 DAVIS ROAD
City-St-Zip: TEMPLE TERRACE, FL

Title: D () Delete
Name: BROOKS, DALE,
Address: 9214 DAVIS ROAD
City-St-Zip: TEMPLE TERRACE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LINDGREN, J. CHARLOT, TE
Address: P.O. BOX 16889
City-St-Zip: TEMPLE TERRACE, FL 33687 US

Title: TD (X) Change () Addition
Name: FLORES, DEBORAH D.H.,
Address: P.O. BOX 16889
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: VP (X) Change () Addition
Name: FLORES, ALVARO,
Address: P.O. BOX 16889
City-St-Zip: TEMPLE TERRACE, FL 33687 US

Title: S (X) Change () Addition
Name: BROOKS, KAYE,
Address: P.O. BOX 16889
City-St-Zip: TEMPLE TERRACE, FL 33687 US

Title: D (X) Change () Addition
Name: BROOKS, DALE,
Address: P.O. BOX 16889
City-St-Zip: TEMPLE TERRACE, FL 33687 US

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: KAYE BROOKS

D

03/20/2007

Electronic Signature of Signing Officer or Director

Date