2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N39427

1. Entity Name
LATIN AMERICAN MISSIONARY CHALLENGE, INC.

Principal Place of Business	Mailing Address
8610 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637	P.O. BOX 16889 TEMPLE TERRACE, FL 33687-6889

DO NOT WRITE IN THIS SPACE

02192008 No Chg-NP CR2E037 (4/06)

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
8610 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000899053
04/28/08-80023-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINDGREN, J. CHARLOTTE
STREET ADDRESS	P.O. BOX 16889
CITY-ST-ZIP	TEMPLE TERRACE, FL 33687
TITLE	TD
NAME	FLORES, DEBORAH D.H.
STREET ADDRESS	P.O. BOX 16889
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	VP
NAME	FLORES, ALVARO
STREET ADDRESS	P.O. BOX 16889
CITY-ST-ZIP	TEMPLE TERRACE, FL 33687
TITLE	S
NAME	BROOKS, KAYE
STREET ADDRESS	P.O. BOX 16889
CITY-ST-ZIP	TEMPLE TERRACE, FL 33687
TITLE	D
NAME	BROOKS, DALE
STREET ADDRESS	P.O. BOX 16889
CITY-ST-ZIP	TEMPLE TERRACE, FL 33687
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kaye Brooks 3-11-08 813-988-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #