2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N39427

Entity Name: LATIN AMERICAN MISSIONARY CHALLENGE, INC.

Current Principal Place of Business:

8610 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16889
TEMPLE TERRACE, FL 336876889

New Mailing Address:

P.O. BOX 16692
TEMPLE TERRACE, FL 336876692

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
8610 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 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: PD ( ) Delete
Name: LINDGREN, J. CHARLOT, TE
Address: P.O. BOX 16889
City-St-Zip: TEMPLE TERRACE, FL 33687 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LINDGREN, J. CHARLOT, TE
Address: P.O. BOX 16692
City-St-Zip: TEMPLE TERRACE, FL 33687 US

Title: TD (X) Change ( ) Addition
Name: FLORES, DEBORAH D.H.,
Address: P.O. BOX 16692
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: VP (X) Change ( ) Addition
Name: FLORES, ALVARO,
Address: P.O. BOX 16692
City-St-Zip: TEMPLE TERRACE, FL 33687 US

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

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: KAYE BROOKS S 03/31/2009
Electronic Signature of Signing Officer or Director — Date