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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004307 (1)**

1. Corporation Name

**THE LOS ANGELES MISSION, INC.**

Principal Place of Business

Mailing Address

**303 EAST 5TH STREET  
LOS ANGELES CA 90055**

**303 EAST 5TH STREET  
LOS ANGELES CA 90055**



3. Date Incorporated or Qualified

**08/15/1997**

4. FEI Number

**95-3134049**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREER, MICHAEL  
10652 - 95TH STREET NORTH  
LARGO FL 33777**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLEMAN, JACK</b>	
STREET ADDRESS	<b>432 N GRAND</b>	
CITY-ST-ZIP	<b>MONROVIA CA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLAUSEMAN, MICHAEL</b>	
STREET ADDRESS	<b>1231 CASA DEL REY DRIVE</b>	
CITY-ST-ZIP	<b>LA HABRA HEIGHTS CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAN SR, ROGER E</b>	
STREET ADDRESS	<b>246 S MARENGO</b>	
CITY-ST-ZIP	<b>PASADENA CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MACKEY, JERRY</b>	
STREET ADDRESS	<b>366 ELMHURST PLACE</b>	
CITY-ST-ZIP	<b>FULLERTON CA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, MIKE</b>	
STREET ADDRESS	<b>8922 PALOS VERDES AVE</b>	
CITY-ST-ZIP	<b>WESTMINSTER CA</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEWIS, JIM</b>	
STREET ADDRESS	<b>11249 KAMLOOPS STREET</b>	
CITY-ST-ZIP	<b>LAKE VIEW TERRACE CA</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CLOUD, HENRY</b>	
1.3 STREET ADDRESS	<b>260 NEWPORT CENTER DR. S-450</b>	
1.4 CITY-ST-ZIP	<b>NEWPORT BEACH, CA. 92660</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LEMA, NEVA</b>	
2.3 STREET ADDRESS	<b>1287 PARADISE DR.</b>	
2.4 CITY-ST-ZIP	<b>MARTINEZ, CA. 94553</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SMITH, HERB</b>	
3.3 STREET ADDRESS	<b>3909 ORANGEDALE AVE.</b>	
3.4 CITY-ST-ZIP	<b>MONTROSE, CA. 91020</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WOOTON, HOWARD</b>	
4.3 STREET ADDRESS	<b>5035 COMMON WEALTH</b>	
4.4 CITY-ST-ZIP	<b>LA CANADA, CA. 91011</b>	
5.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SMITH, HERBERT L.</b>	
5.3 STREET ADDRESS	<b>3463 WINDSOR CT.</b>	
5.4 CITY-ST-ZIP	<b>COSTA MESA, CA. 92626</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

*Herbert L. Smith* CFO 1-2898 213-893-3400

CR2E037 (10/97)