05041999-90018-036-$70.00-$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004307

1. Corporation Name
~~THE LOS ANGELES MISSION, INC.~~
CITY MISSION NETWORK INTERNATIONAL

[redacted]

Principal Place of Business	Mailing Address
303 EAST 5TH STREET LOS ANGELES CA 90055	303 EAST 5TH STREET LOS ANGELES CA 90055

2. Principal Place of Business
21 2333 N Broadway Suite 130
Suite, Apt. #, etc.
22 Santa Ana, CA
City & State
23 92706 USA
Zip Country
24 25

2a. Mailing Address
26 2333 N. Broadway Suite 130
Suite, Apt. #, etc.
27 Santa Ana, CA
City & State
28 92706 USA
Zip Country
29 30

3. Date Incorporated or Qualified: 08/15/1997
4. FEI Number: 95-3134049 — Applied For / Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
GREER, MICHAEL
10652 - 95TH STREET NORTH
LARGO FL 33777

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	HOLEMAN, JACK		1.2 NAME	Berry, Steven E.	
STREET ADDRESS	432 N GRAND		1.3 STREET ADDRESS	540 S. Commonwealth Ave.	
CITY-ST-ZIP	MONROVIA CA		1.4 CITY-ST-ZIP	Los Angeles, CA 90020	
TITLE	VD	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	KLAUSEMAN, MICHAEL		2.2 NAME	Boswith, Mike	
STREET ADDRESS	1231 CASA DEL REY DRIVE		2.3 STREET ADDRESS	16102 Nelson St.	
CITY-ST-ZIP	LA HABRA HEIGHTS CA		2.4 CITY-ST-ZIP	Westminster, CA 92683	
TITLE	D	☒ DELETE	3.1 TITLE	Director/Treasurer	☐ Change ☒ Addition
NAME	BOWMAN SR, ROGER E		3.2 NAME	Crowell, Andrew	
STREET ADDRESS	246 S MARENGO		3.3 STREET ADDRESS	317 Fweather Heights Court	
CITY-ST-ZIP	PASADENA CA		3.4 CITY-ST-ZIP	Monrovia, CA 91016	
TITLE	D	☒ DELETE	4.1 TITLE	Director/Secretary	☐ Change ☒ Addition
NAME	MACKEY, JERRY		4.2 NAME	Gonzales, Ron	
STREET ADDRESS	366 ELMHURST PLACE		4.3 STREET ADDRESS	1901 Stevenson Lane	
CITY-ST-ZIP	FULLERTON CA		4.4 CITY-ST-ZIP	Flower Mound, TX 75028	
TITLE	P	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	EDWARDS, MIKE		5.2 NAME	Lena, Neva	
STREET ADDRESS	8922 PALOS VERDES AVE		5.3 STREET ADDRESS	1287 Paradise Drive	
CITY-ST-ZIP	WESTMINSTER CA		5.4 CITY-ST-ZIP	Martinez, CA 94553	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	CLOUD, HENRY		6.2 NAME	McEwing, Tony	
STREET ADDRESS	260 NEWPORT CENTER DR, S-450		6.3 STREET ADDRESS	13758 Magnolia Blvd.	
CITY-ST-ZIP	NEWPORT BEACH CA 92660		6.4 CITY-ST-ZIP	Sherman Oaks, CA 91423	

ITS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Neil Smith 4-2-99 714-541-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

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Herb, here's an additional Board Member that didn't fit on the form:

7.1 TITLE	Director	☐ Change ☒ Addition
7.2 NAME	Roberts, Mike	
7.3 STREET ADDRESS	513 Mindenvale Court	
7.4 CITY-ST-ZIP	Simi Valley, CA 93065	