


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90106 032 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 834583</b>					
1. Corporation Name <b>SOKA GAKKAI INTERNATIONAL - USA, INCORPORATED</b>					
Principal Place of Business 525 WILSHIRE BLVD SANTA MONICA CA 90406			Mailing Address 20000 SW 36TH STREET FT. LAUDERDALE FL 33332 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/27/1975	
22 City & State		27 City & State		4. FEI Number 95-2265667	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SAKURAI, HARRY 1209 FALLS BLVD WESTON FL 33327			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PD			1.1 TITLE D		
NAME KATO, JAMES Y			1.2 NAME ODANO, GEORGE		
STREET ADDRESS 614 4TH ST			1.3 STREET ADDRESS 10942 BARMAN AVE		
CITY-ST-ZIP SANTA MONICA CA			1.4 CITY-ST-ZIP CULVER CITY, CA 90230		
TITLE VSD			2.1 TITLE D		
NAME SASAKI, RICHARD			2.2 NAME SAKURAI, HARRY		
STREET ADDRESS 12030 LAMANDA ST			2.3 STREET ADDRESS 1209 FALLS BLVD.		
CITY-ST-ZIP LOS ANGELES CA			2.4 CITY-ST-ZIP WESTON, FL 33327		
TITLE VD			3.1 TITLE		
NAME KASAHARA, DAVID			3.2 NAME		
STREET ADDRESS 36-35 30TH ST			3.3 STREET ADDRESS		
CITY-ST-ZIP LONG ISLAND CITY NY			3.4 CITY-ST-ZIP		
TITLE VD			4.1 TITLE		
NAME MCCLOSKEY, GUY			4.2 NAME		
STREET ADDRESS 4858 N. MARMORA			4.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL			4.4 CITY-ST-ZIP		
TITLE TD			5.1 TITLE		
NAME NAKABAYASHI, FRANKLIN			5.2 NAME		
STREET ADDRESS 1127 10TH ST #203			5.3 STREET ADDRESS		
CITY-ST-ZIP SANTA MONICA CA			5.4 CITY-ST-ZIP		
TITLE D			6.1 TITLE		
NAME ZAITSU, FRED			6.2 NAME		
STREET ADDRESS 34 DOVER PLACE			6.3 STREET ADDRESS		
CITY-ST-ZIP MANHATTAN BEACH CA			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 349-5000

CR2E037 (11/98)