

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:54

DOCUMENT # F00000005236

1. Entity Name

The Nama Hetta Mission of CALIFORNIA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3722 Delmas Terr.

Suite, Apt. #, etc.

#5

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Los Angeles, CA

City & State

North Miami, FL

4. FEI Number

770369674

Applied For

Not Applicable

Zip

90034

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spring Wallace

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

865 NE 149th St.

City

North Miami

FL

Zip Code

33161

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IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
Langovin, Joseph Y
3722 Delmas Terrace #5
Los Angeles, CA. 90034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Walsh, Gabriel
2132 5th Ave. #107
Seattle WA. 98121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Renniger, Naomi
3716 San Pablo Dam Road #9
EL SOBRANTE, CA. 94803

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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*****70.00 *****70.00

DO NOT WRITE
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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Walsh SD

14-02

305-562-0535

Date

Daytime Phone #

CR2E037B (12/01)