

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001625

1. Corporation Name

UNITED STATES MISSION CORPORATION

Principal Place of Business

1154 N. WESTERN AV.  
LOS ANGELES, CA 90029

Mailing Address

8314 GREENWOOD AV, NORTH  
BOX 17  
SEATTLE, WA 98103

3. Date Incorporated or Qualified

3a. Date of Last Report

10/17/66

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

94 1528526

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☒ \$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FLORIDA 33324

81 Name

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

83

84 City

FL

85 Zip Code

12. 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN	<input type="checkbox"/> DELETE
NAME	MORRIS KIGHT	
STREET ADDRESS	1154 N. WESTERN AV	
CITY - ST - ZIP	LOS ANGELES, CA 90029	
TITLE	VICE-CHAIRMAN	<input type="checkbox"/> DELETE
NAME	FRANK GONZALEZ	
STREET ADDRESS	420 S. 5th St.	
CITY - ST - ZIP	SAN JOSE, CA 95122	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ARTHUR LONHOFF	
STREET ADDRESS	1822 W. GLENDALE AV #407	
CITY - ST - ZIP	PHOENIX, AZ 85021	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	GENE RIDDEL	
STREET ADDRESS	1822 W. GLENDALE AV. #407	
CITY - ST - ZIP	PHOENIX, AZ 85021	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	BRIAN JONES	
STREET ADDRESS	4545 NE GARFIELD	
CITY - ST - ZIP	PORTLAND, OR 97211	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	MICHAEL GARDNER	
STREET ADDRESS	405 W. WASHINGTON ST #99	
CITY - ST - ZIP	SAN DIEGO, CA 92103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CARBY TEMPLE	
13 STREET ADDRESS	1154 N. WESTERN AV	
14 CITY - ST - ZIP	LOS ANGELES, CA 90029	
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GLENN GUNTER	
23 STREET ADDRESS	4545 NE GARFIELD	
24 CITY - ST - ZIP	PORTLAND, OR 97211	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Brian Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN JONES, SECRETARY-GENERAL

Date

Daytime Phone #

2/1/96 (206) 781-9113

CR2E037 (12/95)