


FILE NOW: FILING FEE IS \$61.25

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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 <b>303 EAST 5TH STREET LOS ANGELES CA 90055</b>	Mailing Address <b>303 EAST 5TH STREET LOS ANGELES CA 90055</b>
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3. Date Incorporated or Qualified <b>08/15/1997</b>	
4. FEI Number <b>95-3134049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GREER, MICHAEL  
10852 - 95TH STREET NORTH  
LARGO FL 33777**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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