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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004307**

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

Principal Place of Business 303 EAST 5TH STREET LOS ANGELES CA 90065	Mailing Address 303 EAST 5TH STREET LOS ANGELES CA 90065
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21. Principal Place of Business <i>2333 N Broadway Suite 130</i> Suite, Apt. #, etc.	26. Mailing Address <i>2333 N. Broadway Suite 130</i> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/15/1997
22. <i>Santa Ana, CA</i> City & State	27. <i>Santa Ana, CA</i> City & State	4. FEI Number 95-3134049
23. <i>92706 USA</i> Zip Country	28. <i>92706 USA</i> Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. <input type="checkbox"/>	29. <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

8. Name and Address of Current Registered Agent <b>GREER, MICHAEL</b> 10652 - 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	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	Director
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
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD	2.1 TITLE	Director
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
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	3.1 TITLE	Director/Treasurer
NAME	BOWMAN SR, ROGER E	3.2 NAME	Crowell, Andrew
STREET ADDRESS	248 S MARENGO	3.3 STREET ADDRESS	317 Tweeter Heights Court
CITY-ST-ZIP	PASADENA CA	3.4 CITY-ST-ZIP	Monrovia, CA 91016
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	4.1 TITLE	Director/Secretary
NAME	HACKEY, 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
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P	5.1 TITLE	Director
NAME	EDWARDS, MIKE	5.2 NAME	Laria, 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 94533
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	6.1 TITLE	Director
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 92860	6.4 CITY-ST-ZIP	Sherman Oaks CA 91423
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 a empowered.

SIGNATURE: *Neel Smith* **SIGNATURE REQUIRED** *Neel Smith* 4-2-99 7.4-541-0700

CR2E037 (1/98)

**ITS**

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

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7.1 TITLE	Director	6 Change <input checked="" type="checkbox"/> Addition
7.2 NAME	Roberts, Mike	
7.3 STREET ADDRESS	513 Mindenvale Court	
7.4 CITY-ST-ZIP	Simi Valley, CA 93065	