


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P27515 (6)</b> 1. Corporation Name <b>CHURCH OF WORLD MESSIANITY, LOS ANGELES INCORPORATED</b>			
Principal Place of Business <b>1971 W 180TH ST. STE 280 TORRANCE CA 90504 US</b>		Mailing Address <b>1971 W 180TH ST. STE 280 TORRANCE CA 90504-6232 US</b>	



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/02/1990</b>		3a. Date of Last Report <b>02/07/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>95-6082408</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent  <b>CANDIDO, ROMILSON 7455 COLLINS AVENUE, # 203-204 MIAMI BCH FL 33141</b>				10. Name and Address of New Registered Agent  <b>81 Name</b> <b>82 Street Address (P.O. Box Number Is Not Acceptable) #203</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBA, RAY			1.2 NAME			
STREET ADDRESS	1745 SE 114TH PLACE			1.3 STREET ADDRESS	<b>23025 KENT AVE.</b>		
CITY-ST-ZIP	PORTLAND OR			1.4 CITY-ST-ZIP	<b>TORRANCE, CA 90505</b>		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURAYAMA, KOOJI			2.2 NAME			
STREET ADDRESS	17818 WOODRUFF AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLSON, TERRY			3.2 NAME			
STREET ADDRESS	1703 FIFTH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN RAFAEL CA			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAIKI, TOM			4.2 NAME			
STREET ADDRESS	2309 SEPULVEDA WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	TORRANCE CA			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEMLER, KATHY			5.2 NAME			
STREET ADDRESS	4462 ANTIGUA WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	OXNARD CA 93035			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **Saik** 1/28/97 (310) 523-3840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone # 0076364

CR2E037 (9/96)