FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

CHURCH OF WORLD MESSIANITY, LOS ANGELES INCORPOR

Principal Place of Business Mailing Address

FILED Jan 22 1998 8:00am Secretary of State

1971 W 190TH TORRANCE CA			1971 W 190TH ST. STE 280 TORRANCE CA 90504					3. Date Incorporated or Qualified				
US			US					01/02/1990 4. FEI Number Applied For				
								95-6082408		-	Not Applicable	
2. Principal P	lace of Business		2a. Mailing Address					5. Certificate of Status De	sired \square	\$8.75	Additional	
21			26					5. Certificate of claids bo.	3,100	Fee	Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be				
22			27					Trust Fund Contribution Added to Fees				
City & State			City & State					7. Is this nonprofit corporation a homeowners association?				
23			28					☐ Yes ☐ No				
Zip	<u> </u>	intry	Zip Coun				8. This corporation owes or has paid the current year in					
24	25		29 30				Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent						Nam	Name					
CANDIDO BOMILOGAL												
	O, ROMILSON	_	82 S			Stree	t Address (P.O. Box Number is Not Acceptable)					
1	OLLINS AVE., #20	3	83									
MIAMIB	CH FL 33141											
					84	City			FL	. '	o 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.		OFFICERS AND DI	RECTORS	13	3 .			ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	PD		DELETE	1.1	TITLE					Change	Addition	
NAME	TOBA, RAY				NAME							
STREET ADDRESS	23025 KENT AVE.				1.3 STREET ADDRESS		, ,		سريد سر د پس			
CITY-ST-ZIP	TORRANCE CA				1.4 CITY-ST-ZIP				90505			
TITLE	VD DELETE					2.1 YMLE /5		TVICE PRESINCE ANTOS, PAUL O N. BEACHWOO	~~~V	Change	Addition	
NAME	MURAYAMA, KOOJI				2.2 NAME		122	TNIOS, ITUE	d doute		*	
STREET ADDRESS	17818 WOODR	UFF AVE	2.3 \$			2.3 STREET ADDRESS		U N. BEHCHWOO	A ANTE			
CITY-ST-ZIP	LOS ANGELES	CA		2.	4 CITY-S	T-ZIP	120	S ANGELES, CA	70004			
TITLE	D DELETE				3.1 TITLE SPC-A			AVICE PRESIA	ENT A	Change	Addition	
NAME	CARLSON, TERRY				3.2 NAME			ERY AMMAR, L WEST 16TH ST.,	#KKY			
STREET ADDRESS	1703 FIFTH AV		3.3	STREET	ADDRESS	115	5 WEST 1674 ST.,	<i>4>10</i>				
CITY-ST-ZIP	SAN RAFAEL CA				3.4. CITY-ST-ZIP			EWYORK CITY,	NY 10011			
TITLE	TD DELETE				4.1 TITLE			,		☐ Change	Addition	
NAME	SAIKI, TOM			4.	2 NAME		Ì					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				4.3 STREET ADDRESS				o			
CITY-ST-ZIP	TORRANCE CA				4.4 CITY-ST-ZIP				10501		/	
TITLE	S	,	DELETE	5.1	TITLE		150	CRETARY 5	a -	Change	Addition	
NAME	LEMLER, KATH	Υ		5.2	NAME		WA	LKER, MARGAN	F			
STREET ADDRESS						5.3 STREET ADDRESS 3		CRETARY S LKER, MARGAN JUNIERO A	/= ·		-	
CITY-ST-ZIP						5.4 CITY-ST-ZIP		NG BEACH, CA 9	10814			
TITLE			DELETE	6.1	TITLE					☐ Change	Addition	
NAME				6.2	NAME							
STREET ADDRESS	6.3					ADDRESS						
CITY-ST-ZIP				6.4	CITY-ST	r-zip	<u> </u>					
14. I hereby o	ertily that the inform	ation supplied with th	ls filing does not qualify	for the e	xempt	ion sta	ted in S	ection 119.07(3)(i), Florida St	atutes. I further ce	rtify that th	ne 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 it made under oath; that I am all 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: