FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40061 (4)

1. Corporation Name
SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

Principal Place of Business	Mailing Address
6331 HOLLYWOOD BLVD. LOS ANGELES CA 90028	6331 HOLLYWOOD BLVD. LOS ANGELES CA 90028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3739098 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

RICHARD ALICATA
118 NORTH FORT HARRISON AVE
CLEARWATER FL 33517

10. Name and Address of New Registered Agent

81 Name: ROBERT E. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 100 SOUTH ASHLEY DRIVE SUITE 1450
83: TAMPA, FLORIDA 33602
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/3/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DISCHER, JEAN	1.2 NAME	CAROLINE MUSTARD	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	6331 HOLLYWOOD BLVD	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	LOS ANGELES, CA	
TITLE	STD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	EDWARDS, CLAIRE	2.2 NAME	FREYA OLSON	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	6331 HOLLYWOOD BLVD	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	LOS ANGELES, CA.	
TITLE	D	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	RADBURN, BERNARD	3.2 NAME	CLAIRE EDWARDS	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	3.3 STREET ADDRESS	6331 HOLLYWOOD BLVD	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	LOS ANGELES, CA	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

DP 6/29

REMITTED BY MAY 1

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)(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: [signature] FREYA OLSON 30 APRIL 1995 213-960-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074870