

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P40061**

1. Entity Name  
**SCIENTOLOGY MISSIONS INTERNATIONAL,  
INCORPORATED**



Principal Place of Business  
**6331 HOLLYWOOD BLVD.  
#500  
LOS ANGELES, CA 90028**

Mailing Address  
**6331 HOLLYWOOD BLVD.  
#500  
LOS ANGELES, CA 90028**



04142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-3739098**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, ROBERT E  
100 N TAMPA STREET  
SUITE 3500  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FEAR, RICHARD  
6331 HOLLYWOOD BLVD.  
LOS ANGELES, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MARCHANT, JOI  
6331 HOLLYWOOD BLVD.  
LOS ANGELES, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
EDWARDS, CLAIRE  
6331 HOLLYWOOD BLVD  
LOS ANGELES, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000332663  
04/26/05-80067-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joi Marchant*  
**Joi Marchant**  
21 April 2005 323-960-3570