



Detail by Entity Name

Foreign Non Profit Corporation

SCIENTOLOGY MISSIONS INTERNATIONAL, INC.

Filing Information

Document Number 842226
FEI/EIN Number 000000000
Date Filed 12/27/1978
State DE
Status INACTIVE
Last Event INVOLUNTARILY DISSOLVED
Event Date Filed 12/16/1981
Event Effective Date NONE

Principal Address

210 SOUTH FORT HARRISON AVE.
CLEARWATER FL 33516

Mailing Address

210 SOUTH FORT HARRISON AVE.
CLEARWATER FL 33516

Registered Agent Name & Address

BURGESS, WALTER
210 SOUTH FORT HARRISON AVE.
CLEARWATER, FL MH 33516

Officer/Director Detail

Name & Address

Title PD

BURGESS, WALTER
210 S. FT HARRISON AVE.
CLEARWATER FL

Title SD

DE CELLE, BARBARA
210 S. FT HARRISON AVE.
CLEARWATER FL

Title TD

MARCUS, PAT
210 S. FT HARRISON AVE.
CLEARWATER FL

Annual Reports

Report Year Filed Date

1979 08/16/1979
1980 07/30/1980

Document Images

No images are available for this filing.

Note: This is not official record. See documents if question or conflict.



Detail by Entity Name

Foreign Non Profit Corporation

SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

Filing Information

Document Number P40061
FEI/EIN Number 953739098
Date Filed 08/17/1992
State CA
Status INACTIVE
Last Event WITHDRAWAL
Event Date Filed 03/12/2007
Event Effective Date NONE

Principal Address

6331 HOLLYWOOD BLVD.
#500
LOS ANGELES CA 90028

Mailing Address

6331 HOLLYWOOD BLVD.
#500
LOS ANGELES CA 90028

Registered Agent Name & Address

None

FL US

Registered Agent Revoked: 03/12/2007

Officer/Director Detail

Name & Address

Title PD

FEAR, RICHARD
6331 HOLLYWOOD BLVD.
LOS ANGELES CA

Title SD

MARCHANT, JOI
6331 HOLLYWOOD BLVD.
LOS ANGELES CA

Title TD

EDWARDS, CLAIRE
6331 HOLLYWOOD BLVD
LOS ANGELES CA

Annual Reports

Report Year	Filed Date
2004	04/26/2004
2005	04/26/2005
2006	04/17/2006

Document Images

P40061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

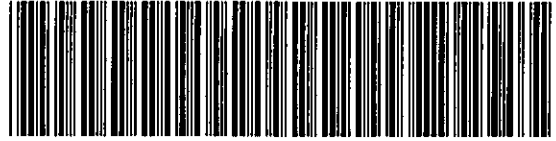
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800092020058

*withdr
News*

03/12/07--01019--003 **35.00

FILED
2007 MAR 12 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCIENTOLOGY MISSIONS INTERNATIONAL
(Name of Corporation)

DOCUMENT NUMBER: P40061

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joi MARCHANT
(Name of Person)

SCIENTOLOGY MISSIONS INTERNATIONAL
(Firm/Company)

6331 Hollywood Blvd
(Address)

Los Angeles CA 90028
(City/State and Zip code)

For further information concerning this matter, please call:

Joi MARCHANT at (323) 960 3570
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

SCIENTOLOGY MISSIONS INTERNATIONAL, Incorporated
(Name of Corporation)

P40061
(Document Number of Corporation (if known))

CALIFORNIA 501(c)(3) Non Profit
(Incorporated Under Laws of)

FILED
2007 MAR 12 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

6331 Hollywood Blvd
(Mailing Address)

LOS ANGELES CA 90028
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

[Signature]
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

8 MARCH 2007
(Date)

Joi MARCHANT
(Typed or printed name of person signing)


SECRETARY
(Title of person signing)

FILING FEE \$35

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 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**



02092006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	

U00000515366
 04/28/06-80234-002 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  **13 April 2006** **323-940-3570**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 Mailing Address

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

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



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

95-3739098 Not Applicable

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

8. 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 _____ (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
 04/26/05-80067-009 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: *Joi Marchant* **Joi MARCHANT** 21 April 2005 323-960-3570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 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
--	--



01142004 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 <input type="checkbox"/>	\$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000133345 04/27/04-80084-001 61.25
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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	

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)(i), 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: *Joi Marchant* **Joi MARCHANT Secretary** *20 Apr. 2004* **333 960 3570**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

0098152

03-04-2003 90063 039 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3739098**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: *Joi Marchant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Feb 2003 323-9603570
Date Daytime Phone #

CR2E037 (10/02)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90167 043 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEAR, RICHARD	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCHANT, JOI	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLSON, FREYA	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE EDWARDS	
STREET ADDRESS	6331 HOLLYWOOD BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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

JOI MARCHANT

5 February 02 **323-960 3570**

Date

Daytime Phone #

CR2E037 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90017 005 ****61.25

DOCUMENT # P40061

1. Entity Name

SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

C0023596



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6331 HOLLYWOOD BLVD. #500 LOS ANGELES CA 90028	Mailing Address 6331 HOLLYWOOD BLVD. #500 LOS ANGELES CA 90028
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 95-3739098	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEAR, RICHARD 6331 HOLLYWOOD BLVD. LOS ANGELES CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, FREYA 6331 HOLLYWOOD BLVD. LOS ANGELES CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, CLAIRE 6331 HOLLYWOOD BLVD. LOS ANGELES CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. J. MARCHANT, JR. 6331 Hollywood Blvd LOS ANGELES CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. OLSON, FREYA 6331 Hollywood Blvd LOS ANGELES, CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: S. J. MARCHANT, JR. Date: 4 JAN 2001 Daytime Phone #: 323 960 3570

CR2E037 (10/00)

DOCUMENT # P40061

1. Entity Name

SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

FILED

00 JAN 21 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6331 HOLLYWOOD BLVD. #500 LOS ANGELES CA 90028	Mailing Address 6331 HOLLYWOOD BLVD. #500 LOS ANGELES CA 90028-6313
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEAR, RICHARD 6331 HOLLYWOOD BLVD. LOS ANGELES CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, FREYA 6331 HOLLYWOOD BLVD. LOS ANGELES CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, CLAIRE 6331 HOLLYWOOD BLVD. LOS ANGELES CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003170113--6 -03/14/00--01126--026 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 January 2000 (323) 960-3570
Date Daytime Phone #

CR2E037 (9/99)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 18 PM 12:17
STATE OF FLORIDA

DOCUMENT # P40061
1. Corporation 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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 08/17/1992
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
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ROBERT E. JOHNSON
100 N. Tampa St. Ste. 3500
Tampa, FL. 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


12. OFFICERS AND DIRECTORS
11 TITLE PD [X] DELETE
12 NAME BEATE GORDON
13 STREET ADDRESS 6331 Hollywood Blvd.
14 CITY-ST-ZIP Los Angeles, CA 90028
21 TITLE SD [] DELETE
22 NAME FREYA OLSON
23 STREET ADDRESS 6331 Hollywood Blvd.
24 CITY-ST-ZIP Los Angeles, CA. 90028
31 TITLE TD [] DELETE
32 NAME CLAIRE EDWARDS
33 STREET ADDRESS 6331 Hollywood Blvd.
34 CITY-ST-ZIP Los Angeles, CA. 90028
41 TITLE [] DELETE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [] DELETE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [] DELETE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE PD [X] Change [] Addition
12 NAME RICHARD FEAR
13 STREET ADDRESS 6331 Hollywood Blvd.
14 CITY-ST-ZIP LOS ANGELES, CA. 90028
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [] Change [] Addition
32 NAME 600002939126--9
33 STREET ADDRESS -07/22/99--01091--007
34 CITY-ST-ZIP *****61.25 *****61.25
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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 607, 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 empowered.

SIGNATURE: RICHARD FEAR 18 JUN 99 323 960-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40061

1. Corporation Name
SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-3739098
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JOHNSON, ROBERT E 100 N TAMPA STREET SUITE 3500 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, BEATE 6331 HOLLYWOOD BLVD. LOS ANGELES CA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	EXECUTIVE DIRECTOR RICHARD FEAR 6331 HOLLYWOOD BLVD. LOS ANGELES, CA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, FREYA 6331 HOLLYWOOD BLVD. LOS ANGELES CA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, CLAIRE 6331 HOLLYWOOD BLVD. LOS ANGELES CA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Donna Barrett 14 MAY 99 323-960 3540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEGAL DIRECTOR Date Daytime Phone #

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40061 (4)
 1. Corporation Name
SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED



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

3. Date Incorporated or Qualified 08/17/1992
4. FEI Number 95-3739098
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
JOHNSON, ROBERT E
100 N TAMPA STREET
SUITE 3500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE	
NAME	GORDON, BEATE		
STREET ADDRESS	6331 HOLLYWOOD BLVD.		
CITY-ST-ZIP	LOS ANGELES CA		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	OLSON, FREYA		
STREET ADDRESS	6331 HOLLYWOOD BLVD.		
CITY-ST-ZIP	LOS ANGELES CA		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	EDWARDS, CLAIRE		
STREET ADDRESS	6331 HOLLYWOOD BLVD.		
CITY-ST-ZIP	LOS ANGELES CA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Freya Olson* **FREYA OLSON** 29 July 98 (213) 960-3570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40061 (4)
1. Corporation Name
SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED



Principal Place of Business Mailing Address
6331 HOLLYWOOD BLVD. 6331 HOLLYWOOD BLVD.
LOS ANGELES CA 90028 LOS ANGELES CA 90028-6313

3. Date incorporated or Qualified 08/17/1992 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 95-3739098 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired [] \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ROBERT E
100 SOUTH ASHLEY DRIVE
SUITE 1450
TAMPA FL 33602

81 Name (same)
82 Street Address (P.O. Box Number is Not Acceptable) 100 N. Tampa Street
83 Suite 3500
84 City Tampa FL 85 Zip Code 33602

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like MUSTARD, CAROLINE and GORDON, BEATE with titles and addresses.

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: [Signature] OLSON 24 April 97 (213) 960-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076023

CR2E037 (9/96)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P40061 (4)
1. Corporation Name
SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED



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

3. Date Incorporated or Qualified: **08/17/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		95-3739098		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		23		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, ROBERT E
100 SOUTH ASHLEY DRIVE
SUITE 1450
TAMPA FL 33602**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTARD, CAROLINE	1.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, FREYA	2.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, CLAIRE	3.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Freya Olson* **FREYA OLSON** **26 April 1996** **(218) 960-3570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P40061 (4)
1. Corporation Name
SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
08/17/1992 05/01/1994
4. FEI Number Applied For
95-3739098 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

9. Name and Address of Current Registered Agent
**RICHARD ALCATA
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 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1598, 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, Chapter 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE PD
NAME DISCHER, JEAN
STREET ADDRESS 6331 HOLLYWOOD BLVD.
CITY-ST-ZIP LOS ANGELES CA
TITLE STD
NAME EDWARDS, CLAIRE
STREET ADDRESS 6331 HOLLYWOOD BLVD.
CITY-ST-ZIP LOS ANGELES CA
TITLE D
NAME RADBURN, BERNARD
STREET ADDRESS 6331 HOLLYWOOD BLVD.
CITY-ST-ZIP LOS ANGELES CA

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

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)(k), 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 #

REMITTED BY MAY 1