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TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 750881

1. Corporation Name
CHURCH OF SCIENTOLOGY TAMPA, INC.

Principal Place of Business	Mailing Address
3617 HENDERSON BLVD. TAMPA FL 33609	3617 HENDERSON BLVD. TAMPA FL 33609

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)

3. Date Incorporated or Qualified: 01/31/1980

4. FEI Number: 59-2001225 ☐ 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

9. Name and Address of Current Registered Agent

PULLIAM, ROY D
2522 PALM DR
TAMPA FL 33609

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President PD	☐ Change ☑ Addition
NAME	PAYSON, SHERI C.		1.2 NAME	Earlene Needy	
STREET ADDRESS	1761 GREAT BRIKHILL RD		1.3 STREET ADDRESS	1345 S. Duncan Avenue	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, Fl 33756	
TITLE	SD	☐ DELETE	2.1 TITLE	Treasurer TD	☐ Change ☑ Addition
NAME	PULLIAM, MARGARET		2.2 NAME	Chester Knurek	
STREET ADDRESS	2522 PALM DR		2.3 STREET ADDRESS	10817 Providence Oaks Dr.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Riverview, Fl 33569	
TITLE	TD	☐ DELETE	3.1 TITLE	Secretary SD	☐ Change ☑ Addition
NAME	NEEDY, EARLENE		3.2 NAME	Amy Deuble	
STREET ADDRESS	1345 SOUTH DUNCAN AVENUE		3.3 STREET ADDRESS	1548 South Lake Avenue	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, Fl 33756	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3/12.

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

CR2E037 (11/98)