## ANNUAL REPORT

## UMENT # 750881

.∕Entity Name CHURCH OF SCIENTOLOGY OF TAMPA, INC.



## FILED Mar 31, 2004 8:00 am Secretary of State

03-31-2004 90013 028 \*\*\*\*70.00

| Principal Place of Business |
|-----------------------------|
| 3102 N. HABAWA AVENUE       |
| TAMPA EL 33600              |

Mailing Address 3102 N. HABAWA AVENUE TAMPA, FL 33609

|                               |  |                              |                |                    | Į  |                                |   | H tidl blik bidi |                          |             |  |
|-------------------------------|--|------------------------------|----------------|--------------------|--|--------------------------------|---|------------------|--------------------------|-------------|--|
|                               | ace of Business  | 3. Mailing Address           | _ 4            |                    |  |                                |   |                  |                          |             |  |
|                               | NO HABANA AVE  | <del></del>                  | <u>Bana</u>    | 4 AVI              | <u> </u>   |                                |   |                  |                          |             |  |
| Suite, Apt. :                 | #, etc.  | Suite, Apt, #, etc.          |                |                    |  | 02192004                       | Chg-NP                                  | CR2E037          | (10/03)                  |             |  |
| City & State                  |  | City & State                 |                |                    |  | 4. FEI Number                  |   |                  | Ар                       | otied For   |  |
| TUM                           | *  | TAMPA                        | <del></del>    |                    |  | 59-2001                        | 1225                                    |                  |                          | Applicable  |  |
| 3360                          | O 9 Country  | 33609                        | 9              | intry.             |  | 5. Certificate of              | of Status Desired                       | ·X \$            | 8.75 Addi<br>ee Required | tional •    |  |
|                               | 6. Name and Address of Current F                       | Registered Agent             |                | Name /             |  | 7. Name and                    | Address of New                          | Registered Ag    | <u>rent</u>              |             |  |
| TIRABASSI, ANA                |  |                              |                |                    | JAI  | ILB.                           | JOHNS                                   | SON              |                          |             |  |
| 3744 BENEVA OAKS BLVD         |  |                              |                |                    | Street Address (P.O. Box Number is Not Acceptable) |                                |   |                  |                          |             |  |
| SARASOTA, FL 34238            |  |                              |                |                    |  | ut h MI                        | <u>agnolir</u>                          | TIVE             |                          |             |  |
|                               |  |                              |                |                    |  |                                |   |                  |                          |             |  |
|                               |  |                              |                | City 7             | - <sub>14</sub>                                    | MPA                            |   | FL               | Zip Code                 | 06          |  |
| 8. The above                  | named entity submits this statement for                | the purpose of changing i    | ts registere   | ed office or       |  |                                | n, in the State of F                    | iorida. Lam fa   |                          |             |  |
|                               | ions of registered agent.                              |                              |                | 74 011145 01       | . 08.010.  | od urgonii, o, bon             | , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , |                  |                          |             |  |
|                               | $Q_{\sim}$ 1 $\rho$                                    | ( K                          |                |                    |  |                                |   |                  |                          |             |  |
| SIGNATURE .                   | Vant B   | THIN                         |                |                    |  |                                |   |                  |                          | <del></del> |  |
|                               | Signature, typed or printed name of registered agent a | inci yfle if applicable. (No | OTE. Registere | d Agent signalu    | re required  | when reinstating)              |   | DATE             |                          |             |  |
|                               | Fill - F - 1- 864 25                                   | 9. Election C                | ampaign F      | inancino           |  | \$5.00 w. 5                    |   | Make check       | pavable to               |             |  |
| (                             | Filing Fee is \$61.25 Due by May 1, 2004               | <i>3</i>                     | d Contribut    | _                  |  | \$5.00 May Bo<br>Added to Fees |   | xida Departi     |                          |             |  |
| 10.                           | OFFICERS AND DIR                                       | ECTORS                       | 11.            |                    |  | ADDITIONS (CH                  | ANGES TO OFFIC                          | FRS AND DIR      | FCTORS IN                | 10          |  |
| TITLE                         | T  | □ Delete                     | חזנו           |                    |  |                                | RECTUR                                  |                  | Change                   | ☐ Addition  |  |
| NAME                          | D'ALESIO, EARLENE N                                    | The thetes                   | NAM            | - 1                | \ <u>    -</u> C                                   |                                | I ICC CI O K                            | _                | L. O. G. G.              |             |  |
| STREET ADDRESS                | 1345 S DUNCAN AVENUE                                   |                              | STRE           | EET AODRESS        |  |                                |   |                  |                          |             |  |
| CITY-ST-ZIP                   | CLEARWATER, FL 33756                                   | 4                            | CITY           | r-ST-ZIP           |  |                                |   |                  |                          |             |  |
| TITLE                         | TD   | Delete                       | Iπ             | E                  | PR   | ES. 10                         | TRECTO<br>FULL                          | R.               | Change                   | Addition    |  |
| NAME                          | PAYSON, SHERI  |                              | NAM            | Œ                  | W  | MYNE                           | FULL                                    | ER               |                          |             |  |
| STREET ADDRESS                | 1800 SALEM CT  |                              | STRI           | EET ADDRESS        |  | ,                              | -                                       |                  |                          |             |  |
| CITY-ST-ZIP                   | DUNEDIN, FL 34698                                      |                              | CITY           | /-ST-ZIP           |  |                                |   |                  |                          |             |  |
| TITLE                         | SD   | Delete                       | ПП             | E                  | 500  | RETAI                          | RY-PIR<br>ABHSS<br>Jebal Oa             | CCTOR            | Change Change            | ☐ Addilion  |  |
| NAME                          | DEVOE, AMY   | <i>Y</i> *                   | NAN            |                    | AL   | A TIR                          | MBH55                                   | Conlu            | et.                      |             |  |
| STREET ADDRESS                | 1548 SOUTH LAKE AVENUE                                 |                              |                | EET ADDRESS        | 37   | 44 Ben                         | Jeba Ca                                 | (C) - 76         | >                        |             |  |
| CITY-ST-ZIP                   | CLEARWATER, FL 33756                                   |                              |                | Y-ST-ZIP           | 54   | RASOTI                         | 1, FL                                   | 3 4 3L 28        |                          |             |  |
| TITLE                         | P  | Delete                       | ПП             |                    | ļ  |                                |   |                  | ☐ Change                 | Addilion    |  |
| VAME                          | PAYSON, SHERI  | <b>.</b>                     | NAM            | ME<br>LEET ADDRESS |  |                                |   |                  |                          |             |  |
| STREET ADDRESS<br>DITY-ST-ZIP | 1900 SALEM COURT<br>DUNEDIN, FL 34698                  | •                            |                | Y-ST-21P           |  |                                |   |                  |                          |             |  |
|                               | <del> </del>   |                              |                |                    |  |                                |   |                  | [] Change                | ☐ Addition  |  |
| ntle<br>Valme                 | S DEVOE, AMY   | Delete                       | TITI.<br>Naa   |                    |  |                                |   |                  | C Ondrigo                |             |  |
| STREET ADDRESS                | 1548 SOUTH LAKES AVENUE                                | •                            |                | EET ADDRESS        |  |                                |   |                  |                          |             |  |
| ZITY-ST-ZIP                   | CLEARWATER, FL 33756                                   |                              | - 1            | Y-ST-ZIP           | ]  |                                |   |                  |                          |             |  |
| TILE                          |  | ☐ Delete                     | TITE           |                    |  |                                |   |                  | ☐ Change                 | ☐ Addition  |  |
| IAME                          | 1  | الماداد                      | NA)            |                    | )  |                                |   |                  |                          |             |  |
| STREET ADDRESS                | 1  | •                            | 5              | REET ADDRESS       |  | ·                              | <u>-</u>                                |                  |                          |             |  |
| CITY-ST-ZIP                   | 1  |                              | CIT            | Y-ST-Z!P           | 1  |                                |   |                  |                          |             |  |

12. I hereby certify that the information supplied with this filing does not quality 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:

AND TIRABASSI - DSA

6120

Attachment, #-750881 44022673 - March 25,04 # 750881 The annal report filed for 2003 Correctly indicated Ofters and directors and The new address. For Some reason, the Chauges were not reflected by the Sc of State. Please make Sure that this is done correctly this fine. Sincerely Que in Dass