




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-16-2005 90005 001 ****61.25
06-16-2005 90005 002 *****8.75

DOCUMENT # 750881 1. Entity Name CHURCH OF SCIENTOLOGY OF TAMPA, INC.					
Principal Place of Business 3102 N. HABANA AVE. TAMPA, FL 33609				Mailing Address 3102 N. HABANA AVE. TAMPA, FL 33609	
2. Principal Place of Business 3102 N. HABANA AVE Suite, Apt. #, etc. Tampa FL 33609 City & State		3. Mailing Address 3102 N. HABANA AVE Suite, Apt. #, etc. Tampa FL 33609 City & State			
Zip 33609 Country USA		Zip 33609 Country USA		4. FEI Number 59-2001225	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, PAUL B 122 SOUTH MAGNOLIA AVE. TAMPA, FL 33606				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	TD	D'ALESI, EARLENE N	1345 S DUNCAN AVENUE		
			CLEARWATER, FL 33756		
	PD	FULLER, WAYNE	1800 SALEM CT		
			DUNEDIN, FL 34698		
	SD	TIRABASSI, ANA	3744 BENEVA OAKS BLVD.		
			SARASOTA, FL 34238		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 				Date 6/5/05 Daytime Phone # 813-8720722	