

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

06052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2001225 Applied For
 Not Applicable

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

Zip
33609

Country
USA

Zip
33609

Country
USA

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

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 September 7, 2005

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD D'ALESIQ, EARLENE N 1345 S DUNCAN AVENUE CLEARWATER, FL 33756 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FULLER, WAYNE 1800 SALEM CT DUNEDIN, FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TIRABASSI, ANA 3744 BENEVA OAKS BLVD. SARASOTA, FL 34238 | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
 6/5/05 813-8720722