

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90249 029 ****70.00

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

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2001225

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

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

SAME

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 May 1, 2006**

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 ☐ Delete

NAME **TD
D'ALELIO, EARLENE N**
STREET ADDRESS **1345 S DUNCAN AVENUE**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Delete

NAME **PD
FULLER, WAYNE**
STREET ADDRESS **1800 SALEM CT**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete

NAME **SD
TIRABASSI, ANA**
STREET ADDRESS **3744 BENEVA OAKS BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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 exemptions contained in Chapter 119, 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:

ANA TIRABASSI

Date

Daytime Phone #

March 21, 06 813-872-0722