

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90034 001 ****61.50
08-06-2007 90034 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

66020740



DO NOT WRITE IN THIS SPACE

08012007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD D'ALESIO, EARLENE N 1345 S DUNCAN AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FULLER, WAYNE 1800 SALEM CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TIRABASSI, ANA 3744 BENEVA OAKS BLVD. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA TIRABASSI, Director

Date

Daytime Phone #

8/1/07 872-0722 (813)