# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 91634 001 *****8.75
04-28-2003 91634 002 ****61.25

DOCUMENT # 750881

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

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3617 HENDERSON BLVD.~~<br>~~TAMPA, FL 33609~~ | ~~3617 HENDERSON BLVD.~~<br>~~TAMPA, FL 33609~~ |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3102 N. HABANA AVE<br>Suite, Apt. #, etc. | 3102 N. HABANA AVE.<br>Suite, Apt. #, etc. |
| City & State: TAMPA, FL | City & State: TAMPA FL |
| Zip: 33607 Country: Hillsborough | Zip: 33607 Country: Hillsborough |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| PULLIAM, ROY D<br>2522 PALM DR<br>TAMPA, FL 33609 | Name: ANA TIRABASSI<br>Street Address (P.O. Box Number is Not Acceptable): 3744 Beneva Oaks Blvd<br>City: SARASOTA FL Zip Code: 34238 |

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: _____ 4-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW. FEE IS $61.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NEEDY, EARLENE<br>1345 S DUNCAN AVENUE<br>CLEARWATER, FL 33756 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>O'ALESIO, Earlene Needy<br>1345 S. DUNCAN AVE.<br>CLEARWATER FL 33756 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PAYSON, SHERI<br>1800 SALEM CT<br>DUNEDIN, FL 34698 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>PAYSON, Sheri<br>1900 Salem Ct<br>DUNEDIN FL 34698 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DEVOE, AMY<br>1548 SOUTH LAKE AVENUE<br>CLEARWATER, FL 33756 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Devoe, Amy<br>1548 South Lake Ave<br>Clearwater FL 33756 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** _____ Apr 22, 03 813 8720722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #