


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N00000008044**

1. Entity Name  
**CHURCH OF SCIENTOLOGY MISSION OF BELLEAIR, INC**



Principal Place of Business <b>2907 WEST BAY DRIVE          BELLEAIR BLUFFS, FL 33770 US</b>	Mailing Address <b>2907 WEST BAY DRIVE          BELLEAIR BLUFFS, FL 33770 US</b>
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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3685056</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMSTRONG, E.D. III  
 911 CHESTNUT ST.  
 CLEARWATER, FL 33756**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000797256  
 01/29/08-80066-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESHBACH, KATHY 8 STONEGATE DR. BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNEUILLE, LORI 808 STEVARD AVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARPELLINA, ADRIANA 1967 HASTINGS DR CLEARWATER, FL 33763
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 like empowered.

**SIGNATURE:** Kathy Feshbach Kathy Feshbach 02-1-08 727-501-9996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #