

**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  
**2907 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770 US**

Mailing Address  
**2907 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770 US**



01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3685056**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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

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, 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 #