

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008044

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** CHURCH OF SCIENTOLOGY MISSION OF BELLEAIR, INC

**Current Principal Place of Business:**

2907 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

2907 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770 US

**New Mailing Address:**

FEI Number: 59-3685056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FESHBACH, KATHY  
Address: 8 STONEGATE DR.  
City-St-Zip: BELLEAIR, FL 33756

Title: D  
Name: WAGNER, PATRICIA  
Address: 642 HARBOR IS  
City-St-Zip: CLEARWATER, FL 33767

Title: D  
Name: SCARPELLINA, ADRIANA  
Address: 1967 HASTINGS DR  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA WAGNER

D

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date