


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

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N01000007402**  
 1. Entity Name  
**CHURCH OF SCIENTOLOGY MISSION OF SARASOTA, INC.**



Principal Place of Business  
**1242 BOULEVARD OF THE ARTS  
 SARASOTA, FL 34236**

Mailing Address  
**P.O. BOX 2667  
 SARASOTA, FL 34230.**

**DO NOT WRITE IN THIS SPACE**



05132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1125042</b>	Applied For <input type="checkbox"/> 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**

**GILBERT, JUDITH A  
 300 S. PROSPECT AVE  
 CLEARWATER, FL 33756**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 12, 2008**

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	REV, WILHITE, COLLEEN R 1242 BOULEVARD OF THE ARTS SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. HALE, JAN 6957 BELGRAVE DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CHAVEZ, JAIME 831 QUEEN PALM LANE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/04/08-80022-003 61.25

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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:** *Colleen Wilhite* **13 May 2008** **941-706-3292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #