

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90014 014 \*\*\*\*61.25

**DOCUMENT # N05000006452**

1. Entity Name  
**CHURCH OF SCIENTOLOGY MISSION OF OLD TAMPA  
BAY, INC.**



Principal Place of Business  
**10 N LAKE DR  
CLEARWATER, FL 33755**

Mailing Address  
**10 N LAKE DR  
CLEARWATER, FL 33755**

2. Principal Place of Business - No P.O. Box #  
**6506 N. Florida Ave**

3. Mailing Address  
**6506 N. Florida Ave**

Suite, Apt. #, etc.  
**Unit 101**

Suite, Apt. #, etc.  
**Unit 101**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

Zip  
**33604**

Country  
**USA**

Zip  
**33604**

Country  
**USA**

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**84-1684051**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, ED  
10 N LAKE DR  
CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name  
**Milton James**

Street Address (P.O. Box Number is Not Acceptable)  
**500 N. Osceola #803**

City  
**Clearwater**

FL Zip Code  
**33755**

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

*Milton C. James*

**Milton C. James**

**3-9-07**

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, 2007**

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  
**D  
HALE, MARK  
403 LOTUS PATH  
CLEARWATER, FL 33756** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Milton James  
500 N. Osceola #803  
Clearwater, FL 33755** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, ED  
10 N LAKE DR  
CLEARWATER, FL 33755** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAYNE, KIM  
702 KARLYN DR  
CLEARWATER, FL 33755** ☐ 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  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Milton C. James*

**Milton James**

**3-9-07**

**727-442-3153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #