


59-91 B-6877  
FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10310** (3)

1. Corporation Name

**CHURCH OF SCIENTOLOGY MISSION OF CLEARWATER, INC**



Principal Place of Business

Mailing Address

**100 N. BELCHER RD.  
CLEARWATER FL 34625-3209  
US**

**100 N. BELCHER RD.  
CLEARWATER FL 34625-3209**

3. Date Incorporated or Qualified  
**07/18/1985**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**59-2554601**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANIERRE, ANN  
100 N BELCHER RD.  
CLEARWATER FL 34625**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANIERRE, ANN</b>	
STREET ADDRESS	<b>100 N BELCHER RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANIERRE, CARTER</b>	
STREET ADDRESS	<b>100 N BELCHER RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANGUS, PAM</b>	
STREET ADDRESS	<b>100 N BELCHER RD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>BOD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN EGGEN</b>	
STREET ADDRESS	<b>100 N BELCHER RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>BOD</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY GRIFFIN</b>	
STREET ADDRESS	<b>100 N BELCHER RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed, or on an attachment with an address.

CR2E037 (9/96)

813-443-