

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10310

FILED
Apr 26, 2009
Secretary of State

Entity Name: CHURCH OF SCIENTOLOGY MISSION OF CLEARWATER, INC

Current Principal Place of Business:

100 N. BELCHER RD.
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

100 N. BELCHER RD.
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2554601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANIERRE, ANN
100 N BELCHER RD.
CLEARWATER, FL 33765 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: PD () Delete
Name: MANIERRE, ANN
Address: 100 N BELCHER RD.
City-St-Zip: CLEARWATER, FL

Title: ST () Delete
Name: MAIERRE, CARTER
Address: 100 N BELCHER RD.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: DELANO, CHRIS
Address: 100 N. BELCHER RD.
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: EGGEN, DEAN
Address: 100 N BELCHER RD
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: MILLS, KELLY
Address: 100 N BELCHER RD
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANIERRE, ANN
Address: 100 N BELCHER RD.
City-St-Zip: CLEARWATER, FL 33765

Title: ST (X) Change () Addition
Name: MANIERRE, CARTER
Address: 100 N BELCHER RD.
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EGGEN, DEAN
Address: 100 N BELCHER RD
City-St-Zip: CLEARWATER, FL 33765

Title: D (X) Change () Addition
Name: JORDAN, KELLY
Address: 100 N BELCHER RD
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN MANIERRE

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date