


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 01 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 # 758400 (6)**

1. Corporation Name  
**CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.**

Principal Place of Business 503 CLEVELAND ST CLEARWATER FL 34616 US	Mailing Address 503 CLEVELAND ST CLEARWATER FL 34616 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same as above except the		2a. Mailing Address 26 Same as above except the		3. Date Incorporated or Qualified 05/19/1981	3a. Date of Last Report 03/28/1996
22 zip code - see below		27 zip code - see below		4. FEI Number 59-2143308	Applied For <input type="checkbox"/> Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33755	25 Country	29 Zip 33755	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, ROBERT E 100 NORTH TAMPA STREET SUITE 3500 TAMPA FL 33602				10. Name and Address of New Registered Agent		
				81 Name No Change		
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVP	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, BRIAN			1.2 NAME			
STREET ADDRESS	210 S FORT HARRISON			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, DEBBIE			2.2 NAME			
STREET ADDRESS	210 S FT. HARRISON			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEADOR, BARBARA			3.2 NAME			
STREET ADDRESS	118 N. FT. HARRISON			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONTANA, JUDY			4.2 NAME	Stilo, Glen		
STREET ADDRESS	210 SOUTH FORT HARRISON AVE			4.3 STREET ADDRESS	503 Cleveland Street		
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP	Clearwater, Florida 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOEGEDING, MARY			5.2 NAME			
STREET ADDRESS	118 N. FT. HARRISON			5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Shaw, Ben		
STREET ADDRESS				6.3 STREET ADDRESS	503 Cleveland Street		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Clearwater, Florida 33755		

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 if changed, or on an attachment with an address.

CR2E037 (4/97)