

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758400 (6)
 1. Corporation Name
CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.

Principal Place of Business Mailing Address
503 CLEVELAND ST CLEARWATER FL 33755 US **503 CLEVELAND ST CLEARWATER FL 33755 US**

3. Date Incorporated or Qualified
05/19/1981

4. FEI Number Applied For
59-2143308 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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 No Change **26 No Change**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
 City & State City & State

23 28
 Zip Country Zip Country

24 25 29 30

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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILO, GLEN	4.2 NAME	
STREET ADDRESS	503 CLEVELAND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
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 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.

SIGNATURE:  (Glen Stilo) 4/27/98 (813) 445-4778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052447

CR2E037 (10/97)