

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758400

**FILED
Apr 15, 2004
Secretary of State**

Entity Name: CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.

Current Principal Place of Business:

503 CLEVELAND ST
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

503 CLEVELAND ST
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2143308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, PAUL B
112 S MAGNOLIA AVENUE
TAMPA, FL 33601 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: VP () Delete
Name: STORY, MARY
Address: 503 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: COOK, DEBBIE,
Address: 503 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: TD () Delete
Name: MEADOR, BARBARA
Address: 503 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: STILO, GLEN
Address: 503 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: P () Delete
Name: VOEGEDING, MARY
Address: 503 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: SHAW, BEN
Address: 503 CLEVELAND ST
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLEN STILO

S

04/15/2004

Electronic Signature of Signing Officer or Director

Date