

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 APR 29 11:56  
STATE OF FLORIDA

DOCUMENT # F97000002501

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

Principal Place of Business  
118 N. FT. HARRISON AVE.  
CLEARWATER FL 34615

Mailing Address  
118 N. FT. HARRISON AVE.  
CLEARWATER FL 34615



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/12/1997	
22. City & State		27. City & State		4. FEI Number	
				98-0133545	
23. Zip		28. Zip		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, PAUL B 112 S MAGNOLIA AVE TAMPA FL 33608				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 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WEBBER <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, SHARRON K	1.2 NAME	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREUER, JULIA	2.2 NAME	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERS, LUDWIG	3.2 NAME	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDT, CARL	4.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BOULEVARD SUITE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90028	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATTERTON, PAULINE	5.2 NAME	
STREET ADDRESS	SAINT HILL MANOR, EAST GRINSTEAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST SUSSEX ENGLAND RH19 4JY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, ALICE	6.2 NAME	
STREET ADDRESS	C/O 118 N FT HARRISON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	6.4 CITY-ST-ZIP	

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address, with all other like empowered.

SIGNATURE: LUDWIG ALPERS Date: 28/2/99 Before Phone #: 727-445-4309  
Signature and typed or printed name of signing officer or director