

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 31 1995

DOCUMENT # **758400** (6)

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1981** 3a. Date of Last Report **06/20/1994**
4. FBI Number **59-2143308** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LOVERING, MARSHA
118 N. FT. HARRISON
CLEARWATER FL**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVP
NAME	STORY, MARY
STREET ADDRESS	210 S FT HARRISON
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	COOK, DEBBIE
STREET ADDRESS	210 S FT. HARRISON
CITY - ST - ZIP	CLEARWATER FL
TITLE	TD
NAME	MEADOR, BARBARA
STREET ADDRESS	118 N. FT. HARRISON
CITY - ST - ZIP	CLEARWATER FL 34615
TITLE	S
NAME	LOVERING, MARSHA
STREET ADDRESS	118 N. FT. HARRISON
CITY - ST - ZIP	CLEARWATER FL 34615
TITLE	D
NAME	BYRNE, JAMES
STREET ADDRESS	118 N. FT. HARRISON
CITY - ST - ZIP	CLEARWATER FL 34615
TITLE	P
NAME	VOEGEDING, MARY
STREET ADDRESS	118 N. FT. HARRISON
CITY - ST - ZIP	CLEARWATER FL 34615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	BRIAN ANDERSON
1 3 STREET ADDRESS	210 S. FORT HARRISON
1 4 CITY - ST - ZIP	CLEARWATER, FL 34616
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	ZIP 34616
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	Delete - no <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	replacement Director
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Brian Anderson** **April 19, 1995** **813-461-3052**
(Type or Print Name of Signing Officer or Director) (Date) (Telephone Number)