

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
Suite, Apt. #, etc. 22 zip code - see below		Suite, Apt. #, etc. 27 zip code - see below		4. FEI Number 59-2143308	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33755		Zip 29 33755		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		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	
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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	NAME ANDERSON, BRIAN	11 TITLE VP	12 NAME VP
STREET ADDRESS 210 S FORT HARRISON	CITY-ST-ZIP CLEARWATER FL	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE D	NAME COOK, DEBBIE	21 TITLE	22 NAME
STREET ADDRESS 210 S FT. HARRISON	CITY-ST-ZIP CLEARWATER FL	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE TD	NAME MEADOR, BARBARA	31 TITLE	32 NAME
STREET ADDRESS 118 N. FT. HARRISON	CITY-ST-ZIP CLEARWATER FL 34615	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE S	NAME FONTANA, JUDY	41 TITLE	42 NAME
STREET ADDRESS 210 SOUTH FORT HARRISON AVE	CITY-ST-ZIP CLEARWATER FL	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE P	NAME VOEGEDING, MARY	51 TITLE	52 NAME
STREET ADDRESS 118 N. FT. HARRISON	CITY-ST-ZIP CLEARWATER FL 34615	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY-ST-ZIP	63 STREET ADDRESS	64 CITY-ST-ZIP
		D Shaw, Ben 503 Cleveland Street 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.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)