

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
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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 33755 US	Mailing Address 503 CLEVELAND ST CLEARWATER FL 33755 US
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3. Date Incorporated or Qualified
05/19/1981

4. FEI Number 59-2143308	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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 21 No Change	2a. Mailing Address 26 No Change
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ANDERSON, BRIAN	
STREET ADDRESS	210 S FORT HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, DEBBIE	
STREET ADDRESS	210 S FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEADOR, BARBARA	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STILO, GLEN	
STREET ADDRESS	503 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOEGEDING, MARY	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shaw, Ben	
6.3 STREET ADDRESS	503 Cleveland Street	
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)