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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 758400

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

59-2143308

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE VP [] DELETE

NAME ANDERSON, BRIAN STREET ADDRESS 210 S FORT HARRISON CITY-ST-ZIP CLEARWATER FL

TITLE D [] DELETE

NAME COOK, DEBBIE STREET ADDRESS 210 S FT. HARRISON CITY-ST-ZIP CLEARWATER FL

TITLE TD [] DELETE

NAME MEADOR, BARBARA STREET ADDRESS 118 N. FT. HARRISON CITY-ST-ZIP CLEARWATER FL 34615

TITLE S [] DELETE

NAME STILO, GLEN STREET ADDRESS 503 CLEVELAND STREET CITY-ST-ZIP CLEARWATER FL

TITLE P [] DELETE

NAME VOEGEDING, MARY STREET ADDRESS 118 N. FT. HARRISON CITY-ST-ZIP CLEARWATER FL 34615

TITLE D [] DELETE

NAME SHAW, BEN STREET ADDRESS 503 CLEVELAND ST CITY-ST-ZIP CLEARWATER FL 33755

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Katherine Harris, Secretary 2/16/99 727-445-4358

CR2E037 (1/198)