NONPROFIT CORPORATION ANNUAL REPORT

1999

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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1. Corporation Name

CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE ORGANIZATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 98-0133545 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$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 33606	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 _____ 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 WEBER	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 REQUIRED LUDWIG ALPERS 28/2/99 727445 4309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #