

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2004  
Secretary of State**

DOCUMENT# 758400

Entity Name: CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2143308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: COOK, DEBBIE,  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD      ( ) Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S      ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P      ( ) Delete  
Name: VOEGEDING, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN STILO

S

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date