

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761911

FILED  
Apr 14, 2006  
Secretary of State

**Entity Name:** THE CHURCH OF SCIENTOLOGY OF ORLANDO, INC.

**Current Principal Place of Business:**

1830 E COLONIAL  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1830 E COLONIAL  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-2153243      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

OLSON, NANCY S  
1830 E. COLONIAL DRIVE  
ORLANDO, FL 32803 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: PD ( ) Delete  
Name: OLSON, NANCY S  
Address: 1830 ECOLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete  
Name: GOODWIN, STEVE  
Address: 1830 E COLONIAL  
City-St-Zip: ORLANDO, FL 32803 US

Title: SD ( ) Delete  
Name: OLSON, RICHARD  
Address: 1830 E COLONIAL  
City-St-Zip: ORLANDO, FL 32803 US

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

Title: PD (X) Change ( ) Addition  
Name: OLSON, NANCY S  
Address: 1830 E COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32803

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 Chapter 119, 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: NANCY S. OLSON

PD

04/14/2006

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

\_\_\_\_\_  
Date