

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2007
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 (X) 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: SHAW, 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: D (X) Change () Addition
Name: TRUE, KATHY
Address: 503 CLEVELAND ST
City-St-Zip: CLEARWATER, FL 33755

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: GLEN STILO

Electronic Signature of Signing Officer or Director

S

04/17/2007

Date