

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758400

FILED
Apr 24, 2008
Secretary of State

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:

POTTER, ROBERT V
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

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: ROBERT POTTER

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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: TRUE, KATHY
Address: 503 CLEVELAND ST
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACQUES, HARVEY
Address: 503 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

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: MANSELL, PETER
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 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

S

04/24/2008

Electronic Signature of Signing Officer or Director

Date