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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 709762

1. Corporation Name

CHURCH OF SCIENTOLOGY OF FLORIDA, INC.

Principal Place of Business

120 GIRALDA AVENUE
 CORAL GABLES FL 33134

Mailing Address

120 GIRALDA AVENUE
 CORAL GABLES FL 33134



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

10/01/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1099150

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

VESPI, SUE
 23 PHOENETIA
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **KATHRYN DILLON**
 82 Street Address (P.O. Box Number is Not Acceptable)
120 GIRALDA AVE.
 83
 84 City **CORAL GABLES** **FL** 85 Zip Code **33134**

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

Kathryn Dillon

KATHRYN DILLON

4-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VESPI, SUE	
STREET ADDRESS	23 PHOENETIA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JULSON, KRISTIN	
STREET ADDRESS	3660 SW 23 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FURLIN, CRAIG	
STREET ADDRESS	2351 SW 37TH AVENUE APT 606	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FURLIN, CRAIG	
STREET ADDRESS	219 ANTILLA #3	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRIMM, LEONA	
STREET ADDRESS	3500 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	KATHRYN DILLON
6.4 CITY-ST-ZIP	120 GIRALDA AVE CORAL GABLES FL 33134

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: *Kathryn Dillon* **KATHRYN DILLON** 4-29-99 305-445-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)