


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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91038 032 \*\*\*\*61.25

<b>DOCUMENT # 709762</b>						
1. Entity 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			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 59-1099150		
				Applied For Not Applicable		
				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DILLON, KATHRYN 120 GIRALDA AVENUE CORAL GABLES, FL 33134			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESPI, SUE 120 GIRALDA AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLON, KATHRYN 120 GIRALDA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURLIN, CRAIG 120 GIRALDA AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIMM, LEONA 120 GIRALDA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, LEONA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 GIRALDA AVE CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Kathryn Dillon</u> KATHRYN DILLON 28 APR 2004 305-445-7812						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date Daytime Phone #						