

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2005
Secretary of State**

DOCUMENT# 709762

Entity Name: CHURCH OF SCIENTOLOGY OF FLORIDA, INC.

Current Principal Place of Business:

120 GIRALDA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

120 GIRALDA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-1099150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DILLON, KATHRYN
120 GIRALDA AVENUE
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VESPI, SUE
Address: 120 GIRALDA AVE
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: DILLON, KATHRYN
Address: 120 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: FURLIN, CRAIG
Address: 120 GIRALDA AVE
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: CARTER, LEONA
Address: 120 GIRALDA AVE
City-St-Zip: CORAL GABLES, FL 33134

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 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 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: SOLANGE REYES

RAM

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date