

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709762

FILED  
Apr 25, 2007  
Secretary of State

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 (X)

**Name and Address of Current Registered Agent:**

DILLON, KATHRYN  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

CARTER, LEONA  
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: LEONA CARTER

04/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change ( ) Addition  
Name: CARTER, LEONA  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, 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 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: LEONA CARTER

TD

04/25/2007

Electronic Signature of Signing Officer or Director

Date