

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709762

FILED
Apr 30, 2009
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:

FURLIN, CRAIG
120 GIRALDA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

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

Title: SD () Delete
Name: FURLIN, CRAIG
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CRAIG FURLIN

SD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date