


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 728647
 1. Entity Name
CHURCH OF SCIENTOLOGY, MISSION OF FORT LAUDERDALE, INC.



Principal Place of Business 660 S. FEDERAL HWY. SUITE 200 POMPANO BEACH, FL 33062 US	Mailing Address 660 S. FEDERAL HWY. SUITE 200 POMPANO BEACH, FL 33062 US
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01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1558786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VOORHIES, JOHN
1515 NE 28 COURT
POMPANO BCH, FL 33064

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOORHIES, JOHN 1515 NW 28 CT. POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATZEL, COLETTE 1810 SW 37 TERR FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSTER, BARBARA 4520 NW 33RD ST LAUDERDALE LKS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIRSA, GEORGE 120 ROYAL PK DR. 4G OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/24/04-80001-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as an attachment with an address, with all other like empowered.

SIGNATURE *John Voorhies* **John Voorhies** 5/24/04 954-782-1506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #