FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 2:09

DOCUMENT # **758400** **(6)**

1. Corporation Name

CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.

Principal Place of Business	Mailing Address
118 N FT HARRISON AVE CLEARWATER FL 34615	118 N FT HARRISON AVE CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1981
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2143308 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOVERING, MARSHA
118 N. FT. HARRISON
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	DVP ☒ Change ☐ Addition
NAME	STORY, MARY	12 NAME	BRIAN ANDERSON
STREET ADDRESS	210 S FT HARRISON	13 STREET ADDRESS	210 S. FORT HARRISON
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COOK, DEBBIE	22 NAME	
STREET ADDRESS	210 S FT. HARRISON	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	ZIP 34616
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MEADOR, BARBARA	32 NAME	
STREET ADDRESS	118 N. FT. HARRISON	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	LOVERING, MARSHA	42 NAME	
STREET ADDRESS	118 N. FT. HARRISON	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	BYRNE, JAMES	52 NAME	Delete - no replacement Director
STREET ADDRESS	118 N. FT. HARRISON	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	VOEGEDING, MARY	62 NAME	
STREET ADDRESS	118 N. FT. HARRISON	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Brian Anderson April 19, 1995 813-461-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018309