2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758400

FILED Apr 24, 2008 Secretary of State

Entity Name: CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business: 503 CLEVELAND ST CLEARWATER, FL 33755 US **Current Mailing Address: New Mailing Address:** 503 CLEVELAND ST CLEARWATER, FL 33755 US FEI Number: 59-2143308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, PAUL B POTTER, ROBERT V 112 S MAGNOLIA AVENUE 911 CHESTNUT STREET TAMPA, FL 33601 CLEARWATER, FL 33756 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: ROBERT POTTER 04/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COOK, DEBBIE JACQUES, HARVEY Name: Name: 503 CLEVELAND STREET Address: 503 CLEVELAND STREET Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755 Title: TD () Delete Title: () Change () Addition MEADOR, BARBARA Name: Name: Address: 503 CLEVELAND STREET Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: Title: () Change () Addition () Delete STILO, GLEN Name: Name: 503 CLEVELAND STREET Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SHAW, MARY Name: 503 CLEVELAND STREET Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: (X) Change () Addition TRUE, KATHY MANSELL, PETER Name: Name: 503 CLEVELAND ST 503 CLEVELAND ST Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755

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: GLEN STILO S 04/24/2008