

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 18 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761911 (7)
1. Corporation Name
THE CHURCH OF SCIENTOLOGY OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1830 E COLONIAL SUITE 100 ORLANDO FL 32803-4729 US
1830 E. COLONIAL SUITE 100 ORLANDO FL 32803 US

3. Date Incorporated or Qualified 02/04/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2153243	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
ANDERSON, DUSTIN
1830 E COLONIAL
2541 S SEMORAN BLVD #1713
ORLANDO FL 32803

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1667 Watauga Ave #103 83 84 City orlando FL 85 Zip Code 32812

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

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	ANDERSON, DUSTIN
STREET ADDRESS	2446 S CONWAY #95
CITY, ST, ZIP	ORLANDO FL
TITLE	TD
NAME	CULBERT, GWEN
STREET ADDRESS	1055 TERRACE BLVD.
CITY, ST, ZIP	ORLANDO FL
TITLE	PD
NAME	ANDERSON, ATHENA
STREET ADDRESS	2446 S CONWAY #95
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	SD
12 NAME	1667 Watauga Ave #103
13 STREET ADDRESS	orlando, FL 32812
14 CITY, ST, ZIP	
21 TITLE	TD
22 NAME	Tom Lange
23 STREET ADDRESS	1105 E Morris
24 CITY, ST, ZIP	orlando, FL 32803
31 TITLE	PD
32 NAME	Myrna Hand
33 STREET ADDRESS	4012 Lake underhill Apt. T
34 CITY, ST, ZIP	orlando, FL 32803
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	\$ Deposited by Bank
63 STREET ADDRESS	
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)(b) 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dustin Anderson Dustin Anderson 1 June 95 895-9917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR