FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **761911** **(7)**

1. Corporation Name

THE CHURCH OF SCIENTOLOGY OF ORLANDO, INC.

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: **07/18/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, DUSTIN
1667 WATAUGA AVE.
#103
ORLANDO FL 32812

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 617.0502 and 617.1508, 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 617.0503, 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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DUSTIN		1.2 NAME		
STREET ADDRESS	1667 WATAUGA AVE., #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	LANGE, TOM		2.2 NAME	Gail Lange	
STREET ADDRESS	1105 E. MORRIS .		2.3 STREET ADDRESS	1900 South Conway #113	
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	CD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HAND, MYRNA		3.2 NAME	Myrna Hand	
STREET ADDRESS	4012 LAKE UNDERHILL , APT. T		3.3 STREET ADDRESS	407 1/2 Woodward St.	
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Dustin Anderson Dustin Anderson 5/20/96 (407) 895-9917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #