FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761911

1. Corporation Name
CHURCH OF SCIENTOLOGY OF ORLANDO, INC

Principal Place of Business / Mailing Address
1830 E. COLONIAL DRIVE
ORLANDO, FL 32803

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
FEBRUARY 4, 1982

4. FEI Number
59-2153243
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
NANCY S. GOODWIN
1830 E. COLONIAL DRIVE
ORLANDO, FL 32803

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	TD	[X] DELETE	11 TITLE	PD	[ ] Change [ ] Addition
NAME	MYRNA HAND		12 NAME	NANCY S. GOODWIN	
STREET ADDRESS	1407 WOODWARD ST.		13 STREET ADDRESS	1830 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803		14 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	S	[X] DELETE	21 TITLE	TD	[ ] Change [X] Addition
NAME	SHERRY FORSTER		22 NAME	RACHAEL VONDRACEK	
STREET ADDRESS	8211-51 SUN SPRING CIRCLE		23 STREET ADDRESS	317 S. SEMORAN BLVD APT 333	
CITY-ST-ZIP	ORLANDO, FL 32825		24 CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		[ ] DELETE	31 TITLE	SD	[ ] Change [X] Addition
NAME			32 NAME	RICHARD OLSON	
STREET ADDRESS			33 STREET ADDRESS	1207 EVANGELINE AVE	
CITY-ST-ZIP			34 CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME	[illegible]	
STREET ADDRESS			43 STREET ADDRESS	-02/28/99--01109--017	
CITY-ST-ZIP			44 CITY-ST-ZIP	*****19.58 *****19.58	
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME	[illegible]	
STREET ADDRESS			53 STREET ADDRESS	-02/28/99--01109--018	
CITY-ST-ZIP			54 CITY-ST-ZIP	*****50.42 *****50.42	
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: NANCY S. GOODWIN 2-26-99 407 895 9917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #