2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

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May 03, 2004 8:00 am Secretary of State **DOCUMENT # 761911** 1. Entity Name 05-03-2004 90462 035 ****78.75 THE CHURCH OF SCIENTOLOGY OF ORLANDO, INC. Principal Place of Business Mailing Address 1830 E COLONIAL 1830 E COLONIAL ---41013 ORLANDO FL 32803 US ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2153243 Not Applicable Zip Zip Country \$8.75 Additional 2 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODWIN, NANCY S Street Address (P.O. Box Number is Not Acceptable 1830 E. COLONIAL DRIVE ORLANDO FL 32803 8. The above named enjuly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PIN TITLE ☐ Delete TITLE Change ☐ Addition GOODWIN, NANCY S OLSON, NANCY S. 1830 E COLONIAL DR NAME NAME 1830 ECOLONIAL DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP DELANDO, FR 32803 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOODWIN, STEVE NAME NAME 1830 E COLONIAL STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition OLSON, RICHARD NAME NAME 1630 E COLONIAL STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information symbled 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED