

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:40

DOCUMENT # **F93000005942 (8)**

1. Corporation Name

FOUNDATION CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE ORGANIZATION, INC.

Principal Place of Business

Mailing Address

ABRAHAM DE VEERSTAD 4
WILLEMSTAD, CURRACAO
NETHERLANDS ANTILLES

ABRAHAM DE VEERSTAD 4
WILLEMSTAD, CURRACAO
NETHERLANDS ANTILLES

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/30/1993		09/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		98-0133545		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> No	
Zip		Country		24		25	
29		30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, PAUL B ESO. 100 SOUTH ASHLEY DR., STE. 1450 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLCOCK, SUSAN	1.2 NAME	
STREET ADDRESS	MADURO PLAZA, WILLEMSTAD, CURACAO	1.3 STREET ADDRESS	
CITY - ST - ZIP	NETHERLANDS ANTILLES	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUER, HENRY	2.2 NAME	
STREET ADDRESS	MADURO PLAZA, WILLEMSTAD, CURACAO	2.3 STREET ADDRESS	
CITY - ST - ZIP	NETHERLANDS ANTILLES	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, SABINE	3.2 NAME	
STREET ADDRESS	MADURO PLAZA, WILLEMSTAD, CURACAO	3.3 STREET ADDRESS	
CITY - ST - ZIP	NETHERLANDS ANTILLES	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKES, ROY	4.2 NAME	
STREET ADDRESS	ABRAHAM DE VEERSTRAAT 4	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILLESTAD, CURACAO NETHERLAND A	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERS, LUDWIG	5.2 NAME	
STREET ADDRESS	MADURO PLAZA, WILLEMSTAD, CURACAO	5.3 STREET ADDRESS	
CITY - ST - ZIP	NETHERLANDS ANTILLES	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGATTI, MAUREEN	6.2 NAME	DELET MAUREEN BRIGATTI
STREET ADDRESS	MADURO PLAZA, WILLEMSTAD, CURACAO	6.3 STREET ADDRESS	AS A DIRECTOR
CITY - ST - ZIP	NETHERLANDS ANTILLES	6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with my address.

SIGNATURE:

Ludwig Alpers
LUDWIG ALPERS
DIRECTOR

11 FEB 95

(Date)

(Signature Page #)