

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 005 ****80.00

DOCUMENT # F97000002501

1. Entity Name
**CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE
ORGANIZATION, INC.**



Principal Place of Business
**118 N. FT. HARRISON AVE.
CLEARWATER, FL 33755 US**

Mailing Address
**118 N. FT. HARRISON AVE.
CLEARWATER, FL 33755 US**

40039172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01242006

Chg-NP

CR2E037 (11/05)

4. FEI Number
98-0133545

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B
112 S MAGNOLIA AVE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WEBER, SHARRON K
STREET ADDRESS C/O 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D ☒ Delete
NAME BREUER, JULIA
STREET ADDRESS C/O 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE S ☐ Delete
NAME ALPERS, LUDWIG
STREET ADDRESS C/O 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE C ☐ Delete
NAME HELDT, CARL
STREET ADDRESS 6331 HOLLYWOOD BOULEVARD SUITE 1200
CITY-ST-ZIP LOS ANGELES, CA 90028

TITLE VC ☐ Delete
NAME CHATTERTON, PAULINE
STREET ADDRESS SAINT HILL MANOR, EAST GRINSTEAD
CITY-ST-ZIP WEST SUSSEX ENGLAND RH19 4JY,

TITLE D ☐ Delete
NAME WEBBER, ALICE
STREET ADDRESS C/O 118 N FT HARRISON AVE
CITY-ST-ZIP CLEARWATER, FL 33755

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME DAVIES, MICHAEL
STREET ADDRESS 40 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE T ☐ Change ☒ Addition
NAME SAMANTHA MORGAN SMYTHE
STREET ADDRESS 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D ☐ Change ☒ Addition
NAME SUE GERIL PRICE
STREET ADDRESS 118 N. FT. HARRISON AVE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 Mar 06 727-145-438