

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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



04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME DAVIES, MICHAEL
STREET ADDRESS C/O 118 N FT. HARRISON AVE
CITY-ST-ZIP CLEARWATER, FL 33755

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

TITLE D
NAME PRICE, SUE
STREET ADDRESS 40 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE T
NAME SMYTHE, SAMANTHA
STREET ADDRESS 40 118 N. FT. HARRISON AVE.
CITY-ST-ZIP CLEARWATER, FL 33755

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

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05/27/08-80063-011 70.00

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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

LUDWIG ALPERS

24/4/08

727-445-4309

Daytime Phone #