2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F97000002501

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

Current Principal Place of Business:

118 N. FT. HARRISON AVE.
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

118 N. FT. HARRISON AVE.
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 98-0133545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAM, MILLIKEN B
5915 PONCE DE LEON BLVD
63
CORAL GABLES, FL 33146 US

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.

SIGNATURE: WILLIAM MILLIKEN 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WEBER, SHARRON K	
Address:	C/O 118 N. FT. HARRISON AVE.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	DAVIES, MICHAEL	
Address:	C/O 118 N FT. HARRISON AVE	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	S	( ) Delete
Name:	ALPERS, LUDWIG	
Address:	C/O 118 N. FT. HARRISON AVE.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	PRICE, SUE	
Address:	40 118 N. FT. HARRISON AVE.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	T	( ) Delete
Name:	SMYTHE, SAMANTHA	
Address:	40 118 N. FT. HARRISON AVE.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	WEBBER, ALICE	
Address:	C/O 118 N FT HARRISON AVE	
City-St-Zip:	CLEARWATER, FL 33755	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDWIG ALPERS S 04/16/2009
Electronic Signature of Signing Officer or Director Date