

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2010  
Secretary of State

DOCUMENT# 709762

Entity Name: CHURCH OF SCIENTOLOGY OF FLORIDA, INC.

**Current Principal Place of Business:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-1099150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FURLIN, CRAIG  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VESPI, SUE  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

Title: SD  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CRAIG FURLIN \_\_\_\_\_

O/D

05/01/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

**DOCUMENT# 709762**

**Entity Name:** CHURCH OF SCIENTOLOGY OF FLORIDA, INC.

**Current Principal Place of Business:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-1099150      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FURLIN, CRAIG  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
 Name: VESPI, SUE  
 Address: 120 GIRALDA AVE  
 City-St-Zip: MIAMI, FL 33134

Title: SD ( ) Delete  
 Name: FURLIN, CRAIG  
 Address: 120 GIRALDA AVENUE  
 City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
 Name: FURLIN, CRAIG  
 Address: 120 GIRALDA AVE  
 City-St-Zip: MIAMI, FL 33134

**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:

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: CRAIG FURLIN

SD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

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

**FILED  
Apr 29, 2008  
Secretary of State**

**DOCUMENT# 709762**

**Entity Name:** CHURCH OF SCIENTOLOGY OF FLORIDA, INC.

**Current Principal Place of Business:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-1099150      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARTER, LEONA  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

FURLIN, CRAIG  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134    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: CRAIG FURLIN      04/29/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: VESPI, SUE  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134  
  
Title: SD      ( ) Delete  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134  
  
Title: TD      ( ) Delete  
Name: CARTER, LEONA  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: TD      (X) Change ( ) Addition  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

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: CRAIG FURLIN      SD      04/29/2008  
Electronic Signature of Signing Officer or Director      Date

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 25, 2007  
Secretary of State

DOCUMENT# 709762

Entity Name: CHURCH OF SCIENTOLOGY OF FLORIDA, INC.

**Current Principal Place of Business:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

120 GIRALDA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-1099150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DILLON, KATHRYN  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

CARTER, LEONA  
120 GIRALDA AVENUE  
CORAL GABLES, FL 33134      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: LEONA CARTER      04/25/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VESPI, SUE  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

Title: SD ( ) Delete  
Name: DILLON, KATHRYN  
Address: 120 GIRALDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

Title: T (X) Delete  
Name: CARTER, LEONA  
Address: 120 GIRALDA AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: FURLIN, CRAIG  
Address: 120 GIRALDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change ( ) Addition  
Name: CARTER, LEONA  
Address: 120 GIRALDA AVE  
City-St-Zip: MIAMI, FL 33134

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: LEONA CARTER      TD      04/25/2007  
Electronic Signature of Signing Officer or Director      Date






**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91038 032 \*\*\*\*61.25

<b>DOCUMENT # 709762</b>	
1. Entity Name <b>CHURCH OF SCIENTOLOGY OF FLORIDA, INC.</b>	

Principal Place of Business <b>120 GIRALDA AVENUE CORAL GABLES, FL 33134</b>	Mailing Address <b>120 GIRALDA AVENUE CORAL GABLES, FL 33134</b>
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number <b>59-1099150</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>DILLON, KATHRYN 120 GIRALDA AVENUE CORAL GABLES, FL 33134</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESPI, SUE 120 GIRALDA AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLON, KATHRYN 120 GIRALDA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURLIN, CRAIG 120 GIRALDA AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIMM, LEONA 120 GIRALDA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	T CARTER, LEONA 120 GIRALDA AVE. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied 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 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: Kathryn Dillon KATHRYN DILLON 28 APR 2004 305-445-7812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90236 037 \*\*\*\*70.00

**DOCUMENT # 709762**



1. Entity Name  
**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**

Principal Place of Business  
**120 GIRALDA AVENUE  
CORAL GABLES FL 33134**

Mailing Address  
**120 GIRALDA AVENUE  
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

- CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1099150**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLON, KATHRYN  
120 GIRALDA AVENUE  
CORAL GABLES FL 33134**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD VESPI, SUE**  
STREET ADDRESS **120 GIRALDA AVE**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD DILLON, KATHRYN**  
STREET ADDRESS **120 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD FURLIN, CRAIG**  
STREET ADDRESS **120 GIRALDA AVE**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T GRIMM, LEONA**  
STREET ADDRESS **120 GIRALDA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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 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 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:

*Kathryn Dillon* **KATHRYN DILLON**

**FEB 18, 2003 305-4457812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91220 033 \*\*\*\*61.25

**DOCUMENT # 709762**

1. Entity Name

**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

120 GIRALDA AVENUE  
 CORAL GABLES FL 33134

120 GIRALDA AVENUE  
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1099150**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLON, KATHRYN  
 120 GIRALDA AVENUE  
 CORAL GABLES FL 33134

**GIRALDA**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD VESPI, SUE**  
 STREET ADDRESS **120 GIRALDA AVE**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD DILLON, KATHRYN**  
 STREET ADDRESS **120 GIRALDA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD FURLIN, CRAIG**  
 STREET ADDRESS **120 GIRALDA AVE**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T GRIMM, LEONA**  
 STREET ADDRESS **120 GIRALDA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 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 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:

*Kathryn Dillon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYN DILLON JAN 17, 2002 305-445-7812**

Date

Daytime Phone #

CR2E037 (9/01)

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0001975

**DOCUMENT # 709762**

1. Entity Name

**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**

05-15-2001 90045 036 \*\*\*\*70.00

Principal Place of Business <b>120 GIRALDA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>120 GIRALDA AVENUE CORAL GABLES FL 33134</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number <b>59-1099150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DILLON, KATHRYN  
120 GIRALOA AVENUE  
CORAL GABLES FL 33134**

**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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VESPI, SUE 120 GIRALDA AVE MIAMI FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DILLON, KATHRYN 120 GIRALDA AVE CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FURLIN, CRAIG 120 GIRALDA AVE MIAMI FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GRIMM, LEONA 120 GIRALDA AVE CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>120 GIRALDA AVE.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied 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 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: Kathryn Dillon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 2001 305-445-7812  
Date Daytime Phone #

CR2E037 (10/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90288 003 \*\*\*\*70.00

**DOCUMENT # 709762**

1. Entity Name

**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**120 GIRALDA AVENUE  
 CORAL GABLES FL 33134**

**120 GIRALDA AVENUE  
 CORAL GABLES FL 33134-5209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1099150**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLON, KATHRYN  
 120 GIRALDA AVENUE  
 CORAL GABLES FL 33134**

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.

SIGNATURE

*Kathryn Dillon*

*2/15/2000*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESPI, SUE 23 PHOENETIA CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLON, KATHRYN 120 GIRALDA AVE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURLIN, CRAIG 2351 SW 37TH AVENUE APT 606 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLIN, CRAIG 219 ANTILLA #3 CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIMM, LEONA 3500 SW 16 TERRACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 120 GIRALDA AVE CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR SAME SAME SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 120 GIRALDA AVE. CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 8120 GIRALDA AVE. CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied 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 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:

*Kathryn Dillon* KATHRYN DILLON

*2/15/00*

*305-445-7812*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE037 (9/99)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 709762**

1. Corporation Name

**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**

Principal Place of Business

120 GIRALDA AVENUE  
 CORAL GABLES FL 33134

Mailing Address

120 GIRALDA AVENUE  
 CORAL GABLES FL 33134



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

10/01/1965

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-1099150

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing Trust Fund Contribution



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

9. Name and Address of Current Registered Agent

VESPI, SUE  
 23 PHOENETIA  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **KATHRYN DILLON**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**120 GIRALDA AVE.**  
 83  
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

**KATHRYN DILLON**  
 (NOTE: Registered Agent signature required when reinstating)

**4-29-99**  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VESPI, SUE	
STREET ADDRESS	23 PHOENETIA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JULSON, KRISTIN	
STREET ADDRESS	3660 SW 23 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FURLIN, CRAIG	
STREET ADDRESS	2351 SW 37TH AVENUE APT 606	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FURLIN, CRAIG	
STREET ADDRESS	219 ANTILLA #3	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRIMM, LEONA	
STREET ADDRESS	3500 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SECRETARY</b>
6.3 STREET ADDRESS	<b>KATHRYN DILLON</b>
6.4 CITY-ST-ZIP	<b>120 GIRALDA AVE</b> <b>CORAL GABLES FL 33134</b>

14. I hereby certify that the information supplied 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn Dillon* **KATHRYN DILLON** **4-29-99** **305-445-7812**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709762 (9)**  
1. Corporation Name  
**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**



Principal Place of Business <b>120 GIRALDA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>120 GIRALDA AVENUE CORAL GABLES FL 33134</b>
--	--

3. Date Incorporated or Qualified  
**10/01/1965**

4. FEI Number  
**59-1099150**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**VESPI, SUE  
23 PHOENETIA  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VESPI, SUE</b>	1.2 NAME	
STREET ADDRESS	<b>23 PHOENETIA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULSON, KRISTIN</b>	2.2 NAME	
STREET ADDRESS	<b>3660 SW 23 TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FURLIN, CRAIG</b>	3.2 NAME	
STREET ADDRESS	<b>2351 SW 37TH AVENUE APT 606</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FURLIN, CRAIG</b>	4.2 NAME	
STREET ADDRESS	<b>219 ANTILLA #3</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIMM, LEONA</b>	5.2 NAME	
STREET ADDRESS	<b>3500 SW 16 TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.


SIGNATURE: Sue Vespi **SUE VESPI** 24 APR 98 305 445 7812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027049

CR2E037 (10/97)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709762 (9)**  
 1. Corporation Name  
**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**



Principal Place of Business <b>120 GIRALDA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>120 GIRALDA AVENUE CORAL GABLES FL 33134</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1965</b>		3a. Date of Last Report <b>08/14/1996</b>	
21		26		4. FEI Number <b>59-1099150</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**JULSON, KRISTIN**  
 120 GIRALDA AVE.  
 CORAL GABLES FL 33134

81 Name **SUE VESPI**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**23 PHOENETIA**  
 83  
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE SUE VESPI, PRESIDENT 16 SEPT 97  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESPI, SUE	1.2 NAME	
STREET ADDRESS	23 PHOENETIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULSON, KRISTIN	2.2 NAME	
STREET ADDRESS	3000 SW 23 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLIN, CRAIG	3.2 NAME	
STREET ADDRESS	2351 SW 37TH AVENUE APT 606	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLIN, CRAIG	4.2 NAME	
STREET ADDRESS	219 ANTILLA #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, LEONA	5.2 NAME	
STREET ADDRESS	3500 SW 16 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SUE VESPI 16 Sept 97 305 445-7812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/97)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709762 (9)  
 1. Corporation Name  
 CHURCH OF SCIENTOLOGY OF FLORIDA, INC.



Principal Place of Business Mailing Address  
 120 GIRALDA AVENUE 120 GIRALDA AVENUE  
 CORAL GABLES FL 33134 CORAL GABLES FL 33134

3. Date Incorporated or Qualified 10/01/1965  
 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country  
 4. FEI Number 59-1099150 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 JULSON, KRISTIN  
 120 GIRALDA AVE.  
 CORAL GABLES FL 33134  
 10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FOX, CATHARINE 4722 S.W. 67TH AVE. APT A3 MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/O SUE VESPI 23 PHOENETIA CORAL GABLES, FL, 33134
NAME	JULSON, KRISTIN 3660 SW 23 TERRACE MIAMI FL	<input type="checkbox"/> DELETE	1.2 NAME D KRISTIN JULSON 3660 SW 23 TERRACE MIAMI, FL, 33145
STREET ADDRESS	FURLIN, CRAIG 2351 SW 37TH AVENUE APT 606 MIAMI FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS S THOMAS F. MADIGAN, III 3141 SW 26 ST. # 4 MIAMI, FL, 33133
CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP D CRAIG FURLIN 219 ANTILLA, #3 CORAL GABLES, FL 33134
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE T LEONA GRIMM 3500 SW 16 TERRACE MIAMI FL 33145
NAME		<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME		<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME		<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME		<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas F. Madigan III / THOMAS F. MADIGAN III / SAUL 96 / 305 446-7812  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0007034

CR2E037 (3/96)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **709762** (9)  
1. Corporation Name  
**CHURCH OF SCIENTOLOGY OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**120 GIRALDA AVENUE CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1965** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1099150** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**JULSON, KRISTIN  
120 GIRALDA AVE.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FOX, CATHARINE
STREET ADDRESS	4722 S.W. 67TH AVE. APT A3
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	JULSON, KRISTIN
STREET ADDRESS	3600 WE 23 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	TR
NAME	GRIMM, LEONA
STREET ADDRESS	3433 SW 16TH TERR
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3660 SW 23 Terr
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Craig Furlin
33 STREET ADDRESS	2351 SW 37 Avenue Apt. 606
34 CITY - ST - ZIP	Miami, FL 33145
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kristin Julson* **Kristin Julson** April 28, 1995 (305) 445-7810  
PRINTED AND TYPED OR LIMITED NAME OF SIGNING OFFICER OR DIRECTOR