

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 16, 2010  
Secretary of State

DOCUMENT# 758400

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2143308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POTTER, ROBERT V  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: D  
Name: JACQUES, HARVEY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P  
Name: PIRAK, LENA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: MANSELL, PETER  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

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: GLEN STILO

S

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

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

**FILED  
Apr 28, 2009  
Secretary of State**

**DOCUMENT# 758400**

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

**FEI Number:** 59-2143308      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POTTER, ROBERT V  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: D ( ) Delete  
Name: JACQUES, HARVEY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: SHAW, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: MANSELL, PETER  
Address: 503 CLEVELAND ST  
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: P (X) Change ( ) Addition  
Name: LIND, LENA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

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: GLEN STILO

S

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 24, 2008  
Secretary of State

DOCUMENT# 758400

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2143308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 US

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

POTTER, ROBERT V  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: ROBERT POTTER

04/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COOK, DEBBIE  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: SHAW, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: TRUE, KATHY  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

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

Title: D (X) Change ( ) Addition  
Name: JACQUES, HARVEY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

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: D (X) Change ( ) Addition  
Name: MANSELL, PETER  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

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: GLEN STILO

S

04/24/2008

Electronic Signature of Signing Officer or Director

Date

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2007  
Secretary of State**

**DOCUMENT# 758400**

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

**FEI Number:** 59-2143308      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 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: VP       Delete  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D       Delete  
Name: COOK, DEBBIE  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD       Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S       Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P       Delete  
Name: SHAW, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D       Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
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: D       Change  Addition  
Name: TRUE, KATHY  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the 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: GLEN STILO

S

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

**DOCUMENT# 758400**

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

**FEI Number:** 59-2143308      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 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: VP      ( ) Delete  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: COOK, DEBBIE  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD      ( ) Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S      ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P      ( ) Delete  
Name: VOEGEDING, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
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: P      (X) Change ( ) Addition  
Name: SHAW, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GLEN STILO

S

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 28, 2005  
Secretary of State

DOCUMENT# 758400

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2143308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 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: VP ( ) Delete  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: COOK, DEBBIE,  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: VOEGEDING, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

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

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

Title: D (X) Change ( ) Addition  
Name: COOK, DEBBIE  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

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 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 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: GLEN STILO

S

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

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

**FILED  
Apr 15, 2004  
Secretary of State**

**DOCUMENT# 758400**

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

**FEI Number:** 59-2143308      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 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: VP ( ) Delete  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: COOK, DEBBIE,  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: VOEGEDING, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
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 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 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: GLEN STILO

S

04/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 758400

FILED  
Mar 26, 2003  
Secretary of State

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2143308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHNSON, PAUL B  
112 S MAGNOLIA AVENUE  
TAMPA, FL 33601 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: VP ( ) Delete  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: COOK, DEBBIE,  
Address: 210 S FT. HARRISON  
City-St-Zip: CLEARWATER, FL

Title: TD ( ) Delete  
Name: MEADOR, BARBARA  
Address: 118 N. FT. HARRISON  
City-St-Zip: CLEARWATER, FL 34615

Title: S ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL

Title: P ( ) Delete  
Name: VOEGEDING, MARY  
Address: 118 N. FT. HARRISON  
City-St-Zip: CLEARWATER, FL 34615

Title: D ( ) Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

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

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

Title: D (X) Change ( ) Addition  
Name: COOK, DEBBIE,  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: TD (X) Change ( ) Addition  
Name: MEADOR, BARBARA  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: S (X) Change ( ) Addition  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: P (X) Change ( ) Addition  
Name: VOEGEDING, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLEN STILO

S

03/26/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 758400

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

503 CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2143308      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 AVENUE  
TAMPA, FL 33601 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: VP ( ) Delete  
Name: DEVOCHT, TOM  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: COOK, DEBBIE,  
Address: 210 S FT. HARRISON  
City-St-Zip: CLEARWATER, FL

Title: TD ( ) Delete  
Name: MEADOR, BARBARA  
Address: 118 N. FT. HARRISON  
City-St-Zip: CLEARWATER, FL 34615

Title: S ( ) Delete  
Name: STILO, GLEN  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL

Title: P ( ) Delete  
Name: VOEGEDING, MARY  
Address: 118 N. FT. HARRISON  
City-St-Zip: CLEARWATER, FL 34615

Title: D ( ) Delete  
Name: SHAW, BEN  
Address: 503 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

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

Title: VP (X) Change ( ) Addition  
Name: STORY, MARY  
Address: 503 CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755

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 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 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: MARY STORY

VP

04/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

WRIGHT, ROBERT  
503 CLEVELAND STREET  
CLEARWATER, FLORIDA 33755

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90266 041 \*\*\*\*70.00

**DOCUMENT # 758400**

1. Entity Name

**CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION,**

Principal Place of Business

503 CLEVELAND ST  
 CLEARWATER FL 33755  
 US

Mailing Address

503 CLEVELAND ST  
 CLEARWATER FL 33755  
 US

2. Principal Place of Business

**No Change**

3. Mailing Address

**No Change**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2143308**

Applied For

Not Applicable

5. Certificate of Status Desired

**xxx**

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B**  
**112 S MAGNOLIA AVENUE**  
**TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name

**No Change**

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 **N/A**

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	VP	<input type="checkbox"/> Delete
NAME	STORY, MARY	
STREET ADDRESS	305 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DEBBIE	
STREET ADDRESS	210 S. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEADOR, BARBARA	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILO, GLEN	
STREET ADDRESS	503 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VOEGEDING, MARY	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, BEN	
STREET ADDRESS	503 CLEVELAND ST	
CITY-ST-ZIP	CLEARWATER FL 33755	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeVocht, Tom	
STREET ADDRESS	503 Cleveland Street	
CITY-ST-ZIP	Clearwater, Florida 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Reverend Glen Stilo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/25/01**

**727 445-4338**

Daytime Phone #

CR2E037 (10/00)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90152 041 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 758400**

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

Principal Place of Business      Mailing Address  
**503 CLEVELAND ST**      **503 CLEVELAND ST**  
**CLEARWATER FL 33755**      **CLEARWATER FL 33755-4007**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**No Change**      **No Change**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2143308**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOHNSON, ROBERT E**  
**100 NORTH TAMPA STREET**  
**SUITE 3500**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name: **Paul B. Johnson**  
 Street Address (P.O. Box Number is Not Acceptable):  
**112 S. Magnolia Avenue**  
 City: **Tampa**      State: **FL**      Zip Code: **33601**

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: Paul B. Johnson      *Paul B. Johnson*      4/30/00  
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	VP	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, BRIAN	
STREET ADDRESS	210 S FORT HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DEBBIE	
STREET ADDRESS	210 S FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEADOR, BARBARA	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILO, GLEN	
STREET ADDRESS	503 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VOEGEDING, MARY	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, BEN	
STREET ADDRESS	503 CLEVELAND ST	
CITY-ST-ZIP	CLEARWATER FL 33755	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Story, Mary	
STREET ADDRESS	305 Cleveland Street	
CITY-ST-ZIP	Clearwater, Florida 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: GLEN E. STILO, SECRETARY      *Glen E. Stilo*      4/30/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE

**CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC**

727-445-4338  
 Daytime Phone #

CR2E037 (9/99)

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # 758400**

1. Corporation Name

**CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.**

Principal Place of Business

503 CLEVELAND ST  
 CLEARWATER FL 33755  
 US

Mailing Address

503 CLEVELAND ST  
 CLEARWATER FL 33755  
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

59-2143308

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

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT E  
 100 NORTH TAMPA STREET  
 SUITE 3500  
 TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDERSON, BRIAN	
STREET ADDRESS	210 S FORT HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, DEBBIE	
STREET ADDRESS	210 S FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEADOR, BARBARA	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STILO, GLEN	
STREET ADDRESS	503 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOEGEDING, MARY	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, BEN	
STREET ADDRESS	503 CLEVELAND ST	
CITY-ST-ZIP	CLEARWATER FL 33755	

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:


*GLEN STILO* SECRETARY 2/16/99 727-445-4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 758400 (6)

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



Principal Place of Business: 503 CLEVELAND ST CLEARWATER FL 33755 US  
Mailing Address: 503 CLEVELAND ST CLEARWATER FL 33755 US

3. Date Incorporated or Qualified: 05/19/1981  
4. FEI Number: 59-2143308

2. Principal Place of Business: 21 No Change  
2a. Mailing Address: 26 No Change  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip, 25 Country

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  
**JOHNSON, ROBERT E  
100 NORTH TAMPA STREET  
SUITE 3500  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81 Name: No Change  
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	DVP ANDERSON, BRIAN 210 S FORT HARRISON CLEARWATER FL	1.1 TITLE	VP
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D COOK, DEBBIE 210 S FT. HARRISON CLEARWATER FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MEADOR, BARBARA 118 N. FT. HARRISON CLEARWATER FL 34615	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S STILO, GLEN 503 CLEVELAND STREET CLEARWATER FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P VOEGEDING, MARY 118 N. FT. HARRISON CLEARWATER FL 34615	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Shaw, Ben
STREET ADDRESS		6.3 STREET ADDRESS	503 Cleveland Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, Florida 33755

	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition


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: Glen Stilo (Glen Stilo) 4/27/98 (813) 445-4778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052447

CR2E037 (10/97)

Aug 01 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 758400 (6)  
 1. Corporation Name  
 CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.

Principal Place of Business Mailing Address  
 503 CLEVELAND ST CLEARWATER FL 34616 US  
 503 CLEVELAND ST CLEARWATER FL 34616 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Same as above except the 26 Same as above except the  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 zip code - see below 27 zip code - see below  
 City & State City & State  
 23 City & State 28 City & State  
 Zip Country Zip Country  
 24 33755 25 Country 29 33755 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
 05/19/1981 03/28/1996  
 4. FEI Number Applied For  
 59-2143308 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 JOHNSON, ROBERT E  
 100 NORTH TAMPA STREET  
 SUITE 3500  
 TAMPA FL 33602

10. Name and Address of New Registered Agent  
 81 Name No Change  
 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVP <input type="checkbox"/> DELETE
NAME	ANDERSON, BRIAN
STREET ADDRESS	210 S FORT HARRISON
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COOK, DEBBIE
STREET ADDRESS	210 S FT. HARRISON
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MEADOR, BARBARA
STREET ADDRESS	118 N. FT. HARRISON
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FONTANA, JUDY
STREET ADDRESS	210 SOUTH FORT HARRISON AVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	P <input type="checkbox"/> DELETE
NAME	VOEGEDING, MARY
STREET ADDRESS	118 N. FT. HARRISON
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input checked="" 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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stilo, Glen
4.3 STREET ADDRESS	503 Cleveland Street
4.4 CITY-ST-ZIP	Clearwater, Florida 33755
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shaw, Ben
6.3 STREET ADDRESS	503 Cleveland Street
6.4 CITY-ST-ZIP	Clearwater, Florida 33755

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: [Signature] SIGNATURE REQUIRED: Stilo, Secretary 7/25/97 (813) 445-4338  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008114

CR2E037 (4/97)

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-28-96 B- 2828 C

**FILED**  
Mar 28 1996 8:00 am  
Secretary of State

DOCUMENT # **758400** (6)

1. Corporation Name

**CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

118 N FT HARRISON AVE  
CLEARWATER FL 34615

118 N FT HARRISON AVE  
CLEARWATER FL 34615



3. Date Incorporated or Qualified **05/19/1981**

3a. Date of Last Report **05/31/1995**

4. FEI Number **59-2143308**

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

2. Principal Place of Business  
21 **503 Cleveland St.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **503 Cleveland St.**  
Suite, Apt. #, etc.

22  
City & State  
23 **Clearwater, Fla.**

27  
City & State  
28 **Clearwater, Florida**

24 **34616** 25 **USA**

Country

29 **34616** 30 **USA**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVERING, MARSHA**  
118 N. FT. HARRISON  
CLEARWATER FL

81 Name **JUDY FONTANA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**210 SOUTH FORT HARRISON AVE.**  
83  
84 City **CLEARWATER** FL 85 Zip Code **34616**

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 *Judy Fontana* **JUDY FONTANA** SECRETARY **MARCH 13, 1996**  
(NOTE: Registered Agent's signature required when not filing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DVP ANDERSON, BRIAN**  
STREET ADDRESS **210 S FORT HARRISON**  
CITY-ST-ZIP **CLEARWATER FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  DELETE  
NAME **D COOK, DEBBIE**  
STREET ADDRESS **210 S FT. HARRISON**  
CITY-ST-ZIP **CLEARWATER FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  DELETE  
NAME **TD MEADOR, BARBARA**  
STREET ADDRESS **118 N. FT. HARRISON**  
CITY-ST-ZIP **CLEARWATER FL 34615**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  DELETE  
NAME **S LOVERING, MARSHA**  
STREET ADDRESS **118 N. FT. HARRISON**  
CITY-ST-ZIP **CLEARWATER FL 34615**

41 TITLE  Change  Addition  
42 NAME **JUDY FONTANA**  
43 STREET ADDRESS **210 SOUTH FORT HARRISON AVE.**  
44 CITY-ST-ZIP **CLEARWATER, FL. 34616**

TITLE  DELETE  
NAME **P VOEGEDING, MARY**  
STREET ADDRESS **118 N. FT. HARRISON**  
CITY-ST-ZIP **CLEARWATER FL 34615**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  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)(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: *Judy Fontana* **JUDY FONTANA** **MARCH 13, 1996** **813-461-3052**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 01 1995

DOCUMENT # **758400** (6)

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

Principal Place of Business Mailing Address  
**118 N FT HARRISON AVE CLEARWATER FL 34615** **118 N FT HARRISON AVE CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1981** 3a. Date of Last Report **06/20/1994**  
4. FEI Number **59-2143308** 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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**LOVERING, MARSHA  
118 N. FT. HARRISON  
CLEARWATER FL**

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 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	DVP	1 1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, MARY	1 2 NAME	BRIAN ANDERSON
STREET ADDRESS	210 S FT HARRISON	1 3 STREET ADDRESS	210 S. FORT HARRISON
CITY - ST - ZIP	CLEARWATER FL	1 4 CITY - ST - ZIP	CLEARWATER, FL 34616
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DEBBIE	2 2 NAME	
STREET ADDRESS	210 S FT. HARRISON	2 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2 4 CITY - ST - ZIP	ZIP 34616
TITLE	TD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR, BARBARA	3 2 NAME	
STREET ADDRESS	118 N. FT. HARRISON	3 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34615	3 4 CITY - ST - ZIP	
TITLE	S	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVERING, MARSHA	4 2 NAME	
STREET ADDRESS	118 N. FT. HARRISON	4 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34615	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	Delete - no <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, JAMES	5 2 NAME	replacement Director
STREET ADDRESS	118 N. FT. HARRISON	5 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34615	5 4 CITY - ST - ZIP	
TITLE	P	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOEGEDING, MARY	6 2 NAME	
STREET ADDRESS	118 N. FT. HARRISON	6 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34615	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 in an attachment with an address.

SIGNATURE:

Brian Anderson

April 19, 1995

813-461-3052

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone #