

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2010
Secretary of State

DOCUMENT# F97000002501

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

WILLIAM, MILLIKEN B
5915 PONCE DE LEON BLVD
63
CORAL GABLES, FL 33146 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: P
Name: WEBER, SHARRON K
Address: C/O 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D
Name: DAVIES, MICHAEL
Address: C/O 118 N FT. HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: S
Name: ALPERS, LUDWIG
Address: C/O 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D
Name: PRICE, SUE
Address: 40 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: T
Name: WEBBER, ALICE
Address: C/O 118 N FT HARRISON AVE
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: LUDWIG ALPERS

S

05/02/2010

Electronic Signature of Signing Officer or Director

_____ Date

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F97000002501

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 98-0133545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM MILLIKEN

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBER, SHARRON K
Address: C/O 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: DAVIES, MICHAEL
Address: C/O 118 N FT. HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: ALPERS, LUDWIG
Address: C/O 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: PRICE, SUE
Address: 40 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete
Name: SMYTHE, SAMANTHA
Address: 40 118 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: WEBBER, ALICE
Address: C/O 118 N FT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDWIG ALPERS

S

04/16/2009


Electronic Signature of Signing Officer or Director

Date

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F97000002501
 1. Entity Name
CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE ORGANIZATION, INC.



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

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

DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 98-0133545	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**JOHNSON, PAUL B
 112 S MAGNOLIA AVE
 TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

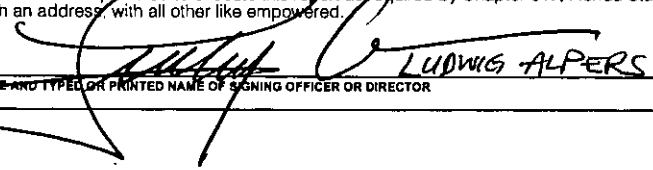
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, SHARRON K C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, MICHAEL C/O 118 N FT. HARRISON AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALPERS, LUDWIG C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, SUE 40 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMYTHE, SAMANTHA 40 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, ALICE C/O 118 N FT HARRISON AVE CLEARWATER, FL 33755

U00000937356
 05/27/08-80089-011 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **LUDWIG ALPERS** 24/4/08 727-445-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90080 047 ****70.00

DOCUMENT # F97000002501

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



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

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

40050010



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
98-0133545

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JOHNSON, PAUL B
 112 S MAGNOLIA AVE
 TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee Is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, SHARRON K C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, MICHAEL C/O 118 N FT. HARRISON AVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALPERS, LUDWIG C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HELDT, CARL 6331 HOLLYWOOD BOULEVARD SUITE 1200 LOS ANGELES, CA 90028 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CHATTERTON, PAULINE SAINT HILL MANOR, EAST GRINSTEAD WEST SUSSEX ENGLAND RH19 4JY, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, ALICE C/O 118 N FT HARRISON AVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, SUE 40 118 N. Ft. Harrison Ave. Clearwater, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMYTHE, SAMANTHA 40 118 N. Ft. Harrison Ave. Clearwater, FL 33755 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDWIG ALPERS **28 Feb 07 727-9454309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

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

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

DOCUMENT # F97000002501



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

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

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

40039172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
98-0133545

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

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 Mar 06 727-445-4325


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 050 ****70.00

DOCUMENT # F97000002501

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



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


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

40083201

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04282005 Chg-NP CR2E037 (10/03)

4. FEI Number
 98-0133545

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

6. Name and Address of Current Registered Agent
 JOHNSON, PAUL B
 112 S MAGNOLIA AVE
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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


Filing Fee is \$61.25 Due by May 1, 2005

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	P	<input type="checkbox"/> Delete	TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, SHARRON K		NAME	SUE PRICE	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.		STREET ADDRESS	9018 N. Ft. Harrison Ave.	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREUER, JULIA		NAME	SAMANTHA SMYTHE	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.		STREET ADDRESS	9018 N. Ft. Harrison Ave.	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERS, LUDWIG		NAME		
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDT, CARL		NAME		
STREET ADDRESS	6331 HOLLYWOOD BOULEVARD SUITE 1200		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90028		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATTERTON, PAULINE		NAME		
STREET ADDRESS	SAINT HILL MANOR, EAST GRINSTEAD		STREET ADDRESS		
CITY-ST-ZIP	WEST SUSSEX ENGLAND RH19 4JY,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, ALICE		NAME		
STREET ADDRESS	C/O 118 FT HARRISON AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		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 lines empowered.

SIGNATURE:  LUDWIG ALPERS

Date: 29 April 2005 Daytime Phone #: 727-445-4309


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 018 ****70.00

DOCUMENT # F97000002501

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



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

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

94022383



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082004 Chg-NP CR2E037 (10/03)

4. FEI Number
98-0133545

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, SHARRON K C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755 <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	D BREUER, JULIA C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755 <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	S ALPERS, LUDWIG C/O 118 N. FT. HARRISON AVE. CLEARWATER, FL 33755 <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	C HELDT, CARL 6331 HOLLYWOOD BOULEVARD SUITE 1200 LOS ANGELES, CA 90028 <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	VC CHATTERTON, PAULINE SAINT HILL MANOR, EAST GRINSTEAD WEST SUSSEX ENGLAND RH19 4JY, <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	D WEBBER, ALICE C/O 118 N FT HARRISON AVE CLEARWATER, FL 33755 <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 empowers.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/22/04** Daytime Phone #: **727-445-4809**

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90211 008 ****70.00

DOCUMENT # F97000002501

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



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **98-0133545** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, SHARRON K C/O 118 N. FT. HARRISON AVE. CLEARWATER FL 34615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREUER, JULIA C/O 118 N. FT. HARRISON AVE. CLEARWATER FL 34615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALPERS, LUDWIG C/O 118 N. FT. HARRISON AVE. CLEARWATER FL 34615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HELDT, CARL 6331 HOLLYWOOD BOULEVARD SUITE 1200 LOS ANGELES CA 90028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CHATTERTON, PAULINE SAINT HILL MANOR, EAST GRINSTEAD WEST SUSSEX ENGLAND RH19 4JY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, ALICE C/O 118 N FT HARRISON AVE. CLEARWATER FL 34615	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, SAMANTHA 118 N. FT. HARRISON AVE. CLEARWATER FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERIL PRICE, SUE 118 N. FT. HARRISON AVE. CLEARWATER FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREUER, JULIA C/O 118 N. FT. HARRISON AVE. CLEARWATER FL 33755	<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

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 or empowered.

SIGNATURE: *Ludwig Alpers* **LUDWIG ALPERS** **4 FEB 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **727-445-4309**

CR2E037 (10/02)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90141 001 *****8.75
 08-06-2002 90141 002 *****61.25

DOCUMENT # F97000002501

1. Entity Name

CHURCH OF SCIENTOLOGY FLAG SHIP 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

2. Principal Place of Business

118 N. FT. HARRISON AVE

3. Mailing Address

118 N. FT. HARRISON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number **98-0133545**

Applied For
 Not Applicable

Zip
33755

Country
USA

Zip
33755

Country
USA

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

JOHNSON, PAUL B
112 S MAGNOLIA AVE
TAMPA FL 33606

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

After September 13, 2002,
min. will be \$236.25.

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 **P WEBER, SHARRON K**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME **T MORGAN, SAMANTHA**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Delete
 NAME **V BREUER, JULIA**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME **D PRICE, SUE**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Delete
 NAME **S ALPERS, LUDWIG**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WEBBER, ALICE**
 STREET ADDRESS **C/O 118 N FT HARRISON AVE**
 CITY-ST-ZIP **CLEARWATER FL 34615**

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 links empowered.

SIGNATURE: **SIG** **LUDWIG ALPERS** 19 July 2002 727 445 4309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90493 013 ****66.25

DOCUMENT # F97000002501

1. Entity Name

CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE ORGANIZA

Principal Place of Business

**118 N. FT. HARRISON AVE.
 CLEARWATER FL 34615**

Mailing Address

**118 N. FT. HARRISON AVE.
 CLEARWATER FL 34615**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

98-0133545

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 AVE
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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	P	<input type="checkbox"/> Delete
NAME	WEBER, SHARRON K	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	V	<input type="checkbox"/> Delete
NAME	BREUER, JULIA	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALPERS, LUDWIG	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	C	<input type="checkbox"/> Delete
NAME	HELDT, CARL	
STREET ADDRESS	6331 HOLLYWOOD BOULEVARD SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90028	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CHATTERTON, PAULINE	
STREET ADDRESS	SAINT HILL MANOR, EAST GRINSTEAD	
CITY-ST-ZIP	WEST SUSSEX ENGLAND RH19 4JY	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBBER, ALICE	
STREET ADDRESS	C/O 118 N FT HARRISON AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/ March 2001
 Date Daytime Phone # **727-445-4309**

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90020 015 ****70.00

DOCUMENT # F97000002501

1. Entity Name

CHURCH OF SCIENTOLOGY FLAG SHIP SERVICE ORGANIZA

Principal Place of Business

Mailing Address

118 N. FT. HARRISON AVE.
 CLEARWATER FL 34615

118 N. FT. HARRISON AVE.
 CLEARWATER FL 33755-4019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0133545

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

JOHNSON, PAUL B
112 S MAGNOLIA AVE
TAMPA FL 33606

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 **P** Delete
 NAME **WEBER, SHARRON K**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **BREUER, JULIA**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **ALPERS, LUDWIG**
 STREET ADDRESS **C/O 118 N. FT. HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WEBBER, ALICE**
 STREET ADDRESS **C/O 118 N FT HARRISON AVE**
 CITY-ST-ZIP **CLEARWATER FL 34615**

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: *Ludwig Alpers* **LUDWIG ALPERS** 10/1/00 727-445-4309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
99 APR 29 11:56

DOCUMENT # F97000002501

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

Principal Place of Business
118 N. FT. HARRISON AVE.
CLEARWATER FL 34615

Mailing Address
118 N. FT. HARRISON AVE.
CLEARWATER FL 34615



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				98-0133545	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Zip		Zip		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, PAUL B 112 S MAGNOLIA AVE TAMPA FL 33606				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WEBBER <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, SHARRON K	1.2 NAME	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUER, JULIA	2.2 NAME	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERS, LUDWIG	3.2 NAME	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDT, CARL	4.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BOULEVARD SUITE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90028	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATTERTON, PAULINE	5.2 NAME	
STREET ADDRESS	SAINT HILL MANOR, EAST GRINSTEAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST SUSSEX ENGLAND RH19 4JY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, ALICE	6.2 NAME	
STREET ADDRESS	C/O 118 N FT HARRISON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	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: SIG. LUDWIG ALPERS 28/2/99 727 445 4309
Signature and typed or printed name of signing officer or director Date Daytime Phone #

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000002501 (1)

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



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

3. Date Incorporated or Qualified: 05/12/1997

4. FEI Number: 98-0133545
 Applied For
 Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-sections for Suite, Apt. #, City & State, Zip, and 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

10. Name and Address of New Registered Agent

JOHNSON, PAUL B
~~712 S. OREGON AVE~~ 112 S. Magnolia Ave.
TAMPA FL 33608

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

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: *Paul B. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEBBER, SHARRON K	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BREUER, JULIA	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALPERS, LUDWIG	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HELDT, CARL	
STREET ADDRESS	6331 HOLLYWOOD BOULEVARD SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90028	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	CHATTERTON, PAULINE	
STREET ADDRESS	SAINT HILL MANOR, EAST GRINSTEAD	
CITY-ST-ZIP	WEST SUSSEX ENGLAND RH19 4JY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBBER, ALICE	
STREET ADDRESS	C/O 118 N FT HARRISON AVE	
CITY-ST-ZIP	CLEARWATER FL 34615	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAMANTHA MORGAN	
1.3 STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
1.4 CITY-ST-ZIP	CLEARWATER FL. 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
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	500002533985	
5.4 CITY-ST-ZIP	-05/22/98--01104--021	
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.

SIGNATURE: *Ludwig Alpers* LUDWIG ALPERS Date: 813-445-4309 Daytime Phone # 0062400

CP2E037 (10/97)