

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N35471** (4)
1. Corporation Name
NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.



Principal Place of Business: **346 VARELLA AVE ST. AUGUSTINE FL 32086 US**
Mailing Address: **PO BOX 860342 ST. AUGUSTINE FL 32086 US**

3. Date Incorporated or Qualified: **12/01/1989**
3a. Date of Last Report: **03/09/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3012454	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLETCHER, JOHN E 2921 NO VARELLA AVE ST. AUGUSTINE FL 32095				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 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	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELLI, FRANK	12 NAME	
STREET ADDRESS	203 ARGONAUT RD	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKE, EDDIE	22 NAME	
STREET ADDRESS	545 JOHN ST	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, PHILIP E.	32 NAME	
STREET ADDRESS	1805-A FOUR MILE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JOHN E	42 NAME	
STREET ADDRESS	2921 NO VARELLA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNER, PAUL	52 NAME	
STREET ADDRESS	743 PERIMETER PARK CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	54 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDRIS, BARRY	62 NAME	
STREET ADDRESS	834 VISCAYA BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	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: *Barry Gedris* **Barry Gedris** 2-6-96 904-826-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: #

CR2E037 (12/95)