

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90159 007 ****61.25

DOCUMENT # N35471

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



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

12/01/1989

4. FEI Number

59-3012454

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

FLETCHER, JOHN E
2921 NO VARELLA AVE
ST. AUGUSTINE FL 32095

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 D ☐ DELETE
NAME MORELLI, FRANK
STREET ADDRESS 203 ARGONAUT RD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T ☐ DELETE
NAME HARRINGTON, LYNN
STREET ADDRESS 241 HAWTHORNE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE
NAME JORDAN, PHILIP E.
STREET ADDRESS 1805-A FOUR MILE RD.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE P ☐ DELETE
NAME FLETCHER, JOHN E
STREET ADDRESS 2921 NO VARELLA AVE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE
NAME FENNER, PAUL
STREET ADDRESS 743 PERIMETER PARK CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T ☐ DELETE
NAME GEDRIS, BARRY
STREET ADDRESS 834 VISCAYA BLVD
CITY-ST-ZIP ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Barry Gedris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)