

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90139 012 \*\*\*\*61.25

**DOCUMENT # N35471**

1. Entity Name

**NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.**

Principal Place of Business

Mailing Address

346 VARELLA AVE  
 ST. AUGUSTINE FL 32086  
 US

PO BOX 860342  
 ST. AUGUSTINE FL 32086-0342  
 US

00000000



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 **59-3012454**

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

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

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	<input type="checkbox"/> Delete
NAME	<b>D MORELLI, FRANK</b>
STREET ADDRESS	<b>203 ARGONAUT RD</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>HARRINGTON, LYNN</b>
STREET ADDRESS	<b>241 HAWTHORNE</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>D JORDAN, PHILIP E.</b>
STREET ADDRESS	<b>1805-A FOUR MILE RD.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P FLETCHER, JOHN E</b>
STREET ADDRESS	<b>2921 NO VARELLA AVE</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D FENNER, PAUL</b>
STREET ADDRESS	<b>743 PERIMETER PARK CIRCLE</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>I GEDRIS, BARRY</b>
STREET ADDRESS	<b>834 VISCAYA BLVD</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*SIGNATURE OF BARRY GEDRIS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Barry Gedris** Date **2/2/2000** Daytime Phone # **(904) 826-4986**