

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35471

1. Entity Name

NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90131 040 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3012454

Applied For

Not Applicable

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1102 Prince Road  
CITY-ST-ZIP ST. Augustine, FL 32086

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Barry Gedris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

(904) 826-4986

Date

Daytime Phone #

CR2E037 (10/00)