


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N35471

1. Entity 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
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01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012454	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 _____

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

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

000000016872
01/28/04-80069-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCH, RICHARD 69 ANGELO LN SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, JOHN E 2921 NO VARELLA AVE ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNER, PAUL 743 PERIMETER PARK CIRCLE ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEDRIS, BARRY 1102 PRINCE RD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRYDEN, RICHARD 263 PHOENICA DR SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Benny Gedris 1/24/04 904-819-7806

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