


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
--	--



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/>	\$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: <u>Barry Gedris</u>	<u>Barry Gedris</u>	<u>1/24/04</u>	<u>904-819-7806</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #