


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N35471
 1. Entity Name
 NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.



Principal Place of Business Mailing Address
 346 VARELLA AVE PO BOX 860342
 ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32086 US

DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3012454 Not Applicable

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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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 Barry Gedris 4/5/05 (904) 819-7806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #