


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N35471 1. Entity Name NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.	
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Principal Place of Business 346 VARELLA AVE ST. AUGUSTINE, FL 32084 US	Mailing Address PO BOX 860342 ST. AUGUSTINE, FL 32086 US
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01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012454	Applied For 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
32084

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, JOHN E 2921 NO VARELLA AVE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNER, PAUL 743 PERIMETER PARK CIRCLE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEDRIS, BARRY 189 KING ARTHUR COURT 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	D LARGE, TOM 10000 DILLON AVE HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLINE, JOHN 507 AVILLA AVE SAINT AUGUSTINE, FL 32084

U00000868952
04/09/08-80029-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 J. Gedris Barry J. Gedris 3/21/08 (904) 819-7806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #