

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35471

FILED
Jan 11, 2009
Secretary of State

Entity Name: NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

346 VARELLA AVE
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 860342
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-3012454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLETCHER, JOHN E
Address: 2921 NO VARELLA AVE
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: FENNER, PAUL
Address: 743 PERIMETER PARK CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: T () Delete
Name: GEDRIS, BARRY
Address: 189 KING ARTHUR COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: DRYDEN, RICHARD
Address: 263 PHOENICA DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: LARGE, TOM
Address: 10000 DILLON AVE
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: JOLINE, JOHN
Address: 507 AVILLA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY GEDRIS

T

01/11/2009

Electronic Signature of Signing Officer or Director

Date