

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707391 (9)
1. Corporation Name
CHURCH OF ONTOLOGY, INC.



Principal Place of Business: **3327 LANNIE ROAD JACKSONVILLE FL 32218**
Mailing Address: **3327 LANNIE ROAD JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified: **06/04/1964**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-1082450**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**SMITH, PATRICIA
3327 LANNIE ROAD
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT ROACH, DIANE	<input type="checkbox"/> DELETE
NAME	3327 LANNIE RD.	
STREET ADDRESS	JACKSONVILLE FL	
CITY - ST - ZIP		
TITLE	VD CALVT, H. LOUISE	<input type="checkbox"/> DELETE
NAME	RT.1, BOX 146-A	
STREET ADDRESS	HOT SPRINGS NC	
CITY - ST - ZIP		
TITLE	D GATES, MERLYN	<input type="checkbox"/> DELETE
NAME	5000 SAN JOSE BLVD #211	
STREET ADDRESS	JACKSONVILLE FL	
CITY - ST - ZIP		
TITLE	S YANTISS, MARY	<input type="checkbox"/> DELETE
NAME	RT 1 BOX 146A	
STREET ADDRESS	HOT SPRINGS NC	
CITY - ST - ZIP		
TITLE	DAS SMITH, PATRICIA	<input type="checkbox"/> DELETE
NAME	3327 LANNIE ROAD	
STREET ADDRESS	JACKSONVILLE FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Roach* **Diane Roach** ^{PT} **2-4-96** ⁹⁰⁴⁻⁷⁶⁸⁻⁷³⁵⁵
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)