

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707391 (9)**  
1. Corporation Name  
**CHURCH OF ONTOLOGY, INC.**



Principal Place of Business <b>3327 LANNIE ROAD JACKSONVILLE FL 32218</b>	Mailing Address <b>3327 LANNIE ROAD JACKSONVILLE FL 32218</b>
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3. Date Incorporated or Qualified  
**06/04/1964**

4. FEI Number <b>59-1082450</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PT ROACH, DIANE</b>	<input type="checkbox"/> DELETE
NAME	<b>3327 LANNIE RD.</b>	
STREET ADDRESS	<b>JACKSONVILLE FL</b>	
CITY-ST-ZIP		
TITLE	<b>VD GATES, MERLYN</b>	<input type="checkbox"/> DELETE
NAME	<b>1595 FRUIT COVE WOODS DR</b>	
STREET ADDRESS	<b>HOT SPRINGS NC</b>	
CITY-ST-ZIP		
TITLE	<b>D GATES, MERLYN</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>5000 SAN JOSE BLVD #211</b>	
STREET ADDRESS	<b>JACKSONVILLE FL</b>	
CITY-ST-ZIP		
TITLE	<b>S YANTISS, MARY</b>	<input type="checkbox"/> DELETE
NAME	<b>RT 1 BOX 146A</b>	
STREET ADDRESS	<b>HOT SPRINGS NC</b>	
CITY-ST-ZIP		
TITLE	<b>DAS SMITH, PATRICIA</b>	<input type="checkbox"/> DELETE
NAME	<b>3327 LANNIE ROAD</b>	
STREET ADDRESS	<b>JACKSONVILLE FL</b>	
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	<b>SD Mary Yantiss</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>408 Ken Cove Rd</b>	
4.3 STREET ADDRESS	<b>Hot Springs, NC 28743</b>	
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 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 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)** 2-26-98 (904) 768-7355

CF2E037 (10/97)