

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90236 007 ****70.00

0012170

DOCUMENT # 707391

1. Entity Name

CHURCH OF ONTOLOGY, INC.

Principal Place of Business

3327 LANNIE ROAD
 JACKSONVILLE FL 32218

Mailing Address

3327 LANNIE ROAD
 JACKSONVILLE FL 32218

2. Principal Place of Business

1595 Fruit Cove Woods Dr.
 Suite, Apt. #, etc.

3. Mailing Address

1595 Fruit Cove Woods Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jax, FL

City & State

JAX, FL

4. FEI Number

59-1082450

Applied For

Not Applicable

Zip

32259

Country

Duval

Zip

32259

Country

Duval

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, PATRICIA
 3327 LANNIE ROAD
 JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Merlyn Gates

Street Address (P.O. Box Number is Not Acceptable)

1595 Fruit Cove Woods Dr.

City

JAX

FL

Zip Code

32259

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.

SIGNATURE

Merlyn Gates

Merlyn Gates V-D

4/14/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	ROACH, DIANE	
STREET ADDRESS	3327 LANNIE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GATES, MERLYN	
STREET ADDRESS	1595 FRUIT COVE WOODS DR	
CITY-ST-ZIP	HOT SPRINGS NC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YANTISS, MARY	
STREET ADDRESS	408 KEN COVE RD	
CITY-ST-ZIP	HOT SPRINGS NC 28473	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA	
STREET ADDRESS	3327 LANNIE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		32218
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	JACKSONVILLE	
CITY-ST-ZIP	FL	32259
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		28743
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		32218
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Diane Roach Diane Roach

4/14/01

(904) 768-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)