

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707391

1. Entity Name

CHURCH OF ONTOLOGY, INC.

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

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

0012170

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.

3. Mailing Address

1595 Fruit Cove Woods Dr.

Suite, Apt. #, etc.

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  
NAME ROACH, DIANE ☐ Delete  
STREET ADDRESS 3327 LANNIE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD  
NAME GATES, MERLYN ☐ Delete  
STREET ADDRESS 1595 FRUIT COVE WOODS DR  
CITY-ST-ZIP HOT SPRINGS NC

TITLE SD  
NAME YANTISS, MARY ☐ Delete  
STREET ADDRESS 408 KEN COVE RD  
CITY-ST-ZIP HOT SPRINGS NC 28473

TITLE DAS  
NAME SMITH, PATRICIA ☐ Delete  
STREET ADDRESS 3327 LANNIE ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS JACKSONVILLE FL  
CITY-ST-ZIP 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 28743

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)