

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 Mailing Address

3327 LANNIE ROAD 3327 LANNIE ROAD
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

2. Principal Place of Business 3. Mailing Address

1595 Fruit Cove Woods Dr. 1595 Fruit Cove Woods Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For

Jax, FL JAX, FL 59-1082450 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

32259 Duval 32259 Duval X

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		
CITY-ST-ZIP		JACKSONVILLE 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)