

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 707391

FILED
Apr 09, 2003
Secretary of State

Entity Name: CHURCH OF ONTOLOGY, INC.

Current Principal Place of Business:

1595 FRUIT COVE WOODS DR
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1595 FRUIT COVE WOODS DR
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-1082450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, MERLYN
1595 FRUIT COVE WOODS DR
JACKSONVILLE, FL 32259

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ROACH, DIANE
Address: 3327 LANNIE RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: GATES, MERLYN
Address: 1595 FRUIT COVE WOODS DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: YANTISS, MARY
Address: 408 KEN COVE RD
City-St-Zip: HOT SPRINGS, NC 28743

Title: DAS () Delete
Name: SMITH, PATRICIA,
Address: 3327 LANNIE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ROACH, DIANE
Address: 408 KEN COVE ROAD
City-St-Zip: HOT SPRINGS, NC 28743

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAUL, HENRIETTA
Address: 3900 ALLENBY
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE ROACH

PT

04/09/2003

Electronic Signature of Signing Officer or Director

Date