

# 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