


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90261 048 ****61.25

DOCUMENT # N34310
1. Entity Name
NEW LIFE ASSEMBLY OF GOD OF TRILBY INC.



Principal Place of Business
**38012 S.R. 575 (TRILBY ROAD)
TRILBY FL 33593**

Mailing Address
**P.O. BOX 35
TRILBY FL 33593**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-2238202**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BREWTON, WILLIAM F
38038 MERIDIAN AVENUE
DADE CITY FL 33525**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RALEY, DAVID C	
STREET ADDRESS	6061 KNOLLWOOD DRIVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BREWTON, WILLIAM F	
STREET ADDRESS	38038 MERIDIAN AVENUE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RALEY, BEVERLY	
STREET ADDRESS	6061 KNOLLWOOD DRIVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIELLA, ALLEN	
STREET ADDRESS	6925 CR 665	
CITY-ST-ZIP	BUSHNELL FL 33513	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Tim	
STREET ADDRESS	36156 Gresham Rd.	
CITY-ST-ZIP	Webster, FL 33597	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *David C. Raley* **SIGNATURE REQUIRED** *David C. Raley* **4-26-03** *352-583-3307*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)