

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90303 001 \*\*\*123.00

**DOCUMENT # 703083**



1. Entity Name  
**FIRST ASSEMBLY OF GOD CHURCH OF CLEARWATER, INC.**

Principal Place of Business  
**1739 S. GREENWOOD AVE  
CLEARWATER FL 34616  
US**

Mailing Address  
**1739 S. GREENWOOD AVE  
CLEARWATER FL 34616  
US**

JJ029001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1218816**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMBERT, STEVEN  
1739 S GREENWOOD AVE  
CLEARWATER FL 34616**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **SIKTBERG, JOHN**  
STREET ADDRESS **14387 87TH AVE N**  
CITY-ST-ZIP **SEMINOLE FL 33778**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **NELLER, WES**  
STREET ADDRESS **3483 GLOSSY IBIS COURT**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **LAMBERT, STEVE**  
STREET ADDRESS **1739 S GREENWOOD AVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **KRIEVER, BLAIR**  
STREET ADDRESS **1351 FAIRFIELD DR**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **LEVY, LEROY**  
STREET ADDRESS **4836 JUNPER DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE  Change  Addition  
NAME **Levi Rice**  
STREET ADDRESS **1101 Marine Street**  
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE  Delete  
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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03

Date

(727) 585-5468

Daytime Phone #

CR2E037 (10/02)