

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90064 027 \*\*\*\*61.25

**DOCUMENT # 723478**

1. Entity Name

**ABUNDANT LIFE ASSEMBLY OF GOD INC**

Principal Place of Business

Mailing Address

6627 LITHIA-PINECREST ROAD  
 LITHIA FL 33547

P.O. BOX 648  
 LITHIA FL 33547-0648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1989097**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STREETMAN, MAURICE S**  
**906 DIXIE MAID LANE**  
**VALRICO FL 33594**

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.

SIGNATURE

*Maurice S. Streetman*

**2-12-00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD SHOAF, DAVID A**  
 STREET ADDRESS **18230 DORMAN RD**  
 CITY-ST-ZIP **LITHIA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST STREETMAN, MAURICE S**  
 STREET ADDRESS **906 DIXIE MAID LANE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HICKEY, PATRICIA**  
 STREET ADDRESS **4539 JEAN STREET**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D KLEIN, DOROTHY**  
 STREET ADDRESS **11120 CHAROLAIS ROAD**  
 CITY-ST-ZIP **LITHIA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WILLIAMS, STEVE**  
 STREET ADDRESS **1206 PELOTE CEMETARY RD.**  
 CITY-ST-ZIP **LITHIA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SULLIVAN, JEREMIAH**  
 STREET ADDRESS **19218 RED BIRD LANE**  
 CITY-ST-ZIP **LITHIA FL**

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: *David A. Shoaf* **David A. Shoaf** **2-12-00** **813-643-1342**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)