

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90078 020 ****61.25

00136

DOCUMENT # 723478

1. Entity Name

ABUNDANT LIFE ASSEMBLY OF GOD INC

Principal Place of Business

6627 LITHIA-PINECREST ROAD
 LITHIA FL 33547

Mailing Address

P.O. BOX 648
 LITHIA FL 33547

U0012032



DO NOT WRITE IN THIS SPACE

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

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

01-03-01

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 NAME	PD SHOAF, DAVID A	<input type="checkbox"/> Delete
STREET ADDRESS	18230 DORMAN RD	
CITY-ST-ZIP	LITHIA FL	
TITLE NAME	ST STREETMAN, MAURICE S	<input type="checkbox"/> Delete
STREET ADDRESS	906 DIXIE MAID LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE NAME	D HICKEY, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	4539 JEAN STREET	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE NAME	D KLEIN, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	11120 CHAROLAIS ROAD	
CITY-ST-ZIP	LITHIA FL	
TITLE NAME	D WILLIAMS, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	1206 PELOTE CEMETARY RD.	
CITY-ST-ZIP	LITHIA FL	
TITLE NAME	D SULLIVAN, JEREMIAH	<input type="checkbox"/> Delete
STREET ADDRESS	19218 RED BIRD LANE	
CITY-ST-ZIP	LITHIA FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Resignation of David A. Shoaf* / *David A. Shoaf* 1-3-01 813-685-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)