

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


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90206 019 \*\*\*\*61.25

0062/31

**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**

11014332



CHECK HERE IF MAKING CHANGES

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

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1989097**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 *Rev Harvey Gainer - Pastor* DATE **4/15/03**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHOAF, DAVID A	
STREET ADDRESS	18230 DORMAN RD	
CITY-ST-ZIP	LITHIA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STREETMAN, MAURICE S	
STREET ADDRESS	906 DIXIE MAID LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKEY, PATRICIA	
STREET ADDRESS	4539 JEAN STREET	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, DOROTHY	
STREET ADDRESS	11120 CHAROLAIS ROAD	
CITY-ST-ZIP	LITHIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, DAVID	
STREET ADDRESS	18403 BOYETTE RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, JEREMIAH	
STREET ADDRESS	19218 RED BIRD LANE	
CITY-ST-ZIP	LITHIA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINER, HARVEY A.	
STREET ADDRESS	18230 DORMAN RD.	
CITY-ST-ZIP	LITHIA FL. 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TONY NEWBERRY Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17826 Dorman Rd.	
STREET ADDRESS	Lithia FL.	
CITY-ST-ZIP	33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby Lightfoot	
STREET ADDRESS	11104 DORMAN ROAD	
CITY-ST-ZIP	Lithia FL. 33547	

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: *Rev Harvey Gainer* DATE: **4/15/03** 813-685-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (10/02)