

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90034 003 \*\*\*\*61.25

**DOCUMENT # 738002**

1. Entity Name

**NEW LIFE ASSEMBLY OF GOD, INC., OF CLEARWATER, F  
LORIDA**



Principal Place of Business

**5656 150TH AVENUE NORTH  
CLEARWATER FL 33760**

Mailing Address

**5656 150TH AVENUE NORTH  
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1874901**

Applied For

Not Applicable

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

**CRUMPTON, RONALD E  
5656 150TH AVENUE NORTH  
CLEARWATER FL 33760**

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 **PD** ☐ Delete  
NAME **CRUMPTON, RONALD**  
STREET ADDRESS **2900 LESLEE LAKE DR**  
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete  
NAME **MELTON, ROBERT**  
STREET ADDRESS **4041 22ND AVENUE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete  
NAME **BROOKS, GEORGE**  
STREET ADDRESS **8536 120TH STREET NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete  
NAME **WILSON, SHARON**  
STREET ADDRESS **5857 157TH AVENUE**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **LYNN, ERIC E**  
STREET ADDRESS **15777 BELESTA ROAD, LOT 2**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **LEBEL, YVON**  
STREET ADDRESS **512 7TH AVENUE NE**  
CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 727 531-5278

CR2E037 (10/02)