

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91442 048 ****70.00

DOCUMENT # N00000004279



1. Entity Name
NEW GROWTH COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

**2936 TANGLEWOOD DR. NOS. I & J
CLEARWATER FL 33759**

Mailing Address

**P.O. BOX 17822
CLEARWATER FL 33762**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CUTLIFF, YATE K
501 FIRST AVE. NORTH, SUITE 507
ST. PETERSBURG FL 33701**

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

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	CD	<input type="checkbox"/> Delete
NAME	BRIMMER, CHARLES	
STREET ADDRESS	2990 TANGLEWOOD DR. SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARSON, NORMAN	
STREET ADDRESS	5138 #96 FOWBRIDGE CIR.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHERYL	
STREET ADDRESS	2960 TANSLEWOOD DR. BLDG H	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEVERS, NANCY	
STREET ADDRESS	2960 TANSLEWOOD DR. BLDG. G	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBEN, LARON	
STREET ADDRESS	110 E GRAPEFRUIT CIR	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TPPRES, JOSA	
STREET ADDRESS	101 K SANDLEWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Hess	
STREET ADDRESS	1724 Sunset Point Road	
CITY-ST-ZIP	Clearwater, Florida 33755	
TITLE	Sandy Thorby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20430 Lynne Circle South	
STREET ADDRESS	St. Petersburg, Florida 33712	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norman Pearson* **4/26/03 727-725-3946**

CR2E037 (10/02)