

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90015 007 ****70.00

DOCUMENT # N01000005052

1. Entity Name

BAY LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business

**6624 HANLEY ROAD
TAMPA FL 33634**

Mailing Address

**POST OFFICE BOX 261431
TAMPA FL 33685**

2. Principal Place of Business

6923 SHELTON RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3307939

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

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

**NEWMAN, WAYNE C
6624 HANLEY ROAD
TAMPA FL 33634**

Name

NEWMAN, WAYNE C.

Street Address (P.O. Box Number is Not Acceptable)

6923 SHELTON ROAD

TAMPA

City

TAMPA

FL

Zip Code

33615

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 **WAYNE C NEWMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Wayne C Newman **7 FEB 02**

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 **D** ☐ Delete
NAME **NEWMAN, WAYNE C**
STREET ADDRESS **15908 WINDING DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **D** ☐ Delete
NAME **POTSIC, DAVID**
STREET ADDRESS **6041 LANSHIRE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **D** ☐ Delete
NAME **MCDONALD, KEN**
STREET ADDRESS **8719 EXPOSITION DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **CASTILLE GARY**
STREET ADDRESS **6707 RANGER DR.**
CITY-ST-ZIP **TAMPA FL. 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Wayne C Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 02 **(813) 8843696**
Date Daytime Phone #

CR2E037 (9/01)