2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001693

1. Entity Name

NEW LIFE COMMUNITY CHURCH OF PINELLAS COUNTY, IN

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-15-2000 90008 036 ****61.25

Principal Place of Business	Mailing Address
1773 BIARRITZ CIRCLE TARPON SPRINGS FL 34689	P O BOX 6182 PALM HARBOR FL 34687-6182

2. Principal Place of Business	3. Mailing Address
1773 Biarritz Cir	6805 LASSEN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs	City & State: NEW PORT RICHEY
Zip: FL / Country: 34689	Zip: FL / Country: 34655

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3608245 — 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
GLISSION, DIXIE E JR 1773 BIARRITZ CIRCLE TARPON SPRINGS FL 34689	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 _____
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
After September 13, 2000 min. will be $236.25

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	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~Larry Sipe~~ Bob Page	NAME	
STREET ADDRESS	2383 Netherlands Dr #19	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33763	CITY-ST-ZIP	
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Larry Sipe	NAME	
STREET ADDRESS	1812 Ironwood Ct W	STREET ADDRESS	
CITY-ST-ZIP	Oldsmar Fl 34677	CITY-ST-ZIP	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Dixie Glission	NAME	
STREET ADDRESS	1773 Biarritz Cir	STREET ADDRESS	
CITY-ST-ZIP	Tarpon Springs FL 34689	CITY-ST-ZIP	
TITLE	Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	James Prouty	NAME	
STREET ADDRESS	6805 LASSEN AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (5/00)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #