

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

1773 Biarritz Cir

Suite, Apt. #, etc.

3. Mailing Address

6805 LASSEN AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs

Zip

FL

Country

34689

City & State

NEW PORT RICHEY

Zip

FL

Country

34655

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

GLISSON, DIXIE E JR
 1773 BIARRITZ CIRCLE
 TARPON SPRINGS FL 34689

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE Vice President ☐ Delete

NAME Larry Sipe Bob Page
 STREET ADDRESS 2383 Netherlands Dr #19
 CITY-ST-ZIP Clearwater FL 33763

TITLE Vice President ☐ Delete

NAME Larry Sipe
 STREET ADDRESS 1812 Ironwood Ct W
 CITY-ST-ZIP Oldsmar FL 34677

TITLE PRESIDENT ☐ Delete

NAME Dixie Glisson
 STREET ADDRESS 1773 Biarritz Cir
 CITY-ST-ZIP Tarpon Springs FL 34689

TITLE Treasurer ☐ Delete

NAME James Prouty
 STREET ADDRESS 6805 LASSEN AVE
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 persons empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)