2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713034

1. Entity Name

THE GOLDEN GATE UNITED METHODIST CHURCH, INC.

4300 21ST AVE., S.W. NAPLES FL 34116

Suite, Apt. #, etc.

THORN, FRED E. 4300 21ST AVE., SW

NAPLES FL 34116

Zip

Principal Place of Business

Mailing Address

4300 21ST AVE., S.W. NAPLES FL 34116-6422

2. Principal Place of Business

3. Mailing Address

Zip :____

Suite, Apt. #, etc.

City & State

6. Name and Address of Current Registered Agent

Country

Country __,

Name

City & State

DO NOT WRITE IN THIS SPACE 4. FEI Number

5:- Certificate of Status Desired

7. Name and Address of New Registered Agent

59-1539058

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

661 21st St., SW

<u>Naples</u>

FL 34117

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

FILED

Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90034 034 ****61.25

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

(NOTE: Registered Agent signature required when reinstating)

3-8-00

FILE NOW:

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

FEE IS \$61.25		Trust Fund Contribution.		Added to Fees Department of State			
10.	0. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LERTCH, JOE 4691 13TH AVE SW	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anderson, 661 21st S Naples, FI		⊡ Change	Addition
TITLE NAME	NAPLES FL 34116 VD CHENEY, CLARENCE 1962 46TH ST SW NAPLES FL 34116	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naples, II VD Robert Bre 4497 20th Naples, FI	ewer Pl., SW	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANNER, ROLAND 199 ELMWOOD LANE NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Starr 4542 17th Naples, FI	nes Ct., SW	☑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, CAMILLE 4474 23RD PL SW NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, RICHARD 250 4351 23RD PLACE SW NAPLES FL 34116	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Leo Ruble 4229 17th Naples, FI		⊡ Change	Addition
TITLE NAME STREET ADDRESS CITY ST. 7IP	D HENDRICKX, DON 1801 17TH STREET SW	Delete .	TITLE NAME STREET ADDRESS CITY-ST-7IP	D Ann Jeffi 9 Cannes Naples, I	Dive	☑ Change	Addition

12. I hereby certify that the information supplied with this filling 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:

3-8-00

941-455-2707