1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 735422**

GATEWAY CHURCH, INC.

Principal Place of Business

Mailing Address

## Apr 01, 1999 8:00 am § Secretary of State

04-01-1999 90040 011 \*\*\*\*70.50

2130 N.W. 261 FT. LAUDERDA		2130 N.W. 26TH STREET FT. LAUDERDALE FL 33311					
2. Principal P	lace of Business	2a. Mailing Address	•		3. Date Incorporated or Qualifed		
21		26			03/30/1976		
	#, etc	Suite, Apt. #, etc.		<u> </u>	4. FEI Number		plied For
22		27			59-2508633		t Applicable
City & Stat	te .	City & State			5. Certificate of Status Desired	\$ <b>8.75</b> A	
23		Zip	Country		6 Flori - Compains Financias	\$5.00	
Zip	Country		_ ´		6. Election Campaign Financing Trust Fund Contribution	Added t	
24	9. Name and Address of Currel	-	<u> </u>		10. Name and Address of New Registered		
	Idding quo Muurass Oi Cullai	ur izoflizteien tzfleitr	81	Name		7	
10/477	AFI AFADAT'				A STATE OF THE STA		
	OEL GEORGE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	5TH PLACE		83				
PLANIATI	ION FL 33317					11	35.60
	•		84	City	FI	_   <b>85</b>   Zip C	oge
		02 and 617.1508, Florida Statutes of Florida. Such change was auth ations of, Section 617.0503, Florid	, the above horized by la Statutes	e-named corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	of changing its pintment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R		nt signature rec	DATE DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE		TD ·	Change	Addition
NAME	HYATT, NOEL G	•	1.2 NAME		POWELL, JACQUELINE		
STREET ADDRÉSS	1		1.3 STREE	TADORESS	5941 N.W. 45TH AVENUE		
CITY-ST-ZIP	PLANTATION, FL 00000		1.4 CITY-S	T-ZIP	TAMARAC, FL. 33319		
TITLE	SD	☐ DELETE	2.1 TITLE		<u> </u>	Change	☐ Addition
NAME	HYATT, NESTA R		2.2 NAME				
STREET ADDRESS			2.3 STREET	TADORESS			
CITY-ST-ZIP	PLANTATION, FL 00000		2. 4 CITY-5	ST-ZIP	<u></u>		
TITLE	TD.	Z DELETE	3.1 TITLE			Change	Addition
NAME	DYER, GLORIA		3.2 NAME		The state of the s	Common than a second	
STREET ADDRESS			3.3 STREE	TADDRESS		ميره د سد	
CITY-ST-ZIP	SUNRISE FL		3.4. CITY-5				
TITLE	OUTUOL I L	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME			•	ſ
STREET ADDRESS				TADDRESS			ŀ
	<u> </u>		4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	11-21		☐ Change	Addition
ነ	}		5.2 NAME			_ •	
NAME	ļ			TADDRESS			
STREET ADDRESS	]		5.4 CITY-S		,	•	
CITY-ST-ZIP		□ DELETE	6.1 T(TLE			☐ Change	Addition
TITLE		☐ bereie	6.2 NAME				
NAME	1		1	TADDRESS			ļ
STREET ADDRESS		•	6.3 STREE		•		
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/30/99

**(954)**: 485<u>-7012</u>