

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 735422**

1. Entity Name

GATEWAY CHURCH, INC.

Principal Place of Business

**2130 N.W. 26TH STREET
FT. LAUDERDALE FL 33311**

Mailing Address

**2130 N.W. 26TH STREET
FT. LAUDERDALE FL 33311-2935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2508633

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HYATT, NOEL GEORGE
4420 NW 5TH PLACE
PLANTATION FL 33317****7. Name and Address of New Registered Agent**

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**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 NAME STREET ADDRESS CITY-ST-ZIP	D HYATT, NOEL G 4420 NW 5TH PLACE PLANTATION FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYATT, NESTA R 4420 NE 5TH PLACE PLANTATION FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DYER, GLORIA 10155 N.W. 31ST CT. SUNRISE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWELL, JACQUELINE 5941 NW 45 AVE TAMARAC FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, EDMUND 467 NW 120 DRIVE CORAL SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, EDMUND 467 NW 120TH AVENUE CORAL SPRINGS, FL	☐ Change ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-07-2000 (954) 485-7012**FILED
Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90107 011 ****61.25

LUUU4490

DO NOT WRITE IN THIS SPACE