

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N9700000 3598

1. Corporation Name  
**Gateway Baptist Church of Tampa**

Principal Place of Business <b>4414 N. Grady Ave.                  Tampa, Fl. 33614-7024</b>	Mailing Address <b>4414 N. Grady Ave.                  Tampa, Fl. 33614-7024</b>
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3. Date Incorporated or Qualified  
**June 23, 1997**

4. FEI Number  
**592469246**

Applied For  
 Not Applicable

2. Principal Place of Business 21 <b>4414 N. Grady Av.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4414 N. Grady Ave.</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22 City & State 23 <b>Tampa, Fl.</b>	27 City & State 28 <b>Tampa, Fl.</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
24 <b>33614</b> Country <b>U.S.A.</b>	29 <b>33614</b> Country <b>U.S.A.</b>		

9. Name and Address of Current Registered Agent

**Frank J. Greco, Esquire**  
**1715 N. Westshore Blvd., Suite 750**  
**Tampa, Fl 33607**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Rev. L. H. Garmon	
STREET ADDRESS	2511 W. Minnehaha St.	
CITY-ST-ZIP	Tampa, Fl. 33614	
TITLE	D Michael Taylor	<input type="checkbox"/> DELETE
NAME	105 S. Moody	
STREET ADDRESS	Tampa, Fl. 33609	
TITLE	D Leroy C. Kyte	<input type="checkbox"/> DELETE
NAME	5120 Murray Hill Dr.	
STREET ADDRESS	Tampa, Fl. 33615	
TITLE	D George Gillett	<input type="checkbox"/> DELETE
NAME	10175 McIntosh Rd.	
STREET ADDRESS	Dover, Fl. 33527	
TITLE	Lloyd S. Garmon D	<input type="checkbox"/> DELETE
NAME	4414 N. Grady Av.	
STREET ADDRESS	Tampa, Fl. 33614	
TITLE	St Lilla Fredericks S/T	<input type="checkbox"/> DELETE
NAME	2719 Kathleen St.	
STREET ADDRESS	Tampa, Fl. 33607	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700000256697
6.3 STREET ADDRESS	-06/22/98-01003-004
6.4 CITY-ST-ZIP	***61.25

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.

**SIGNATURE:** L.H. Garmon *L.H. Garmon* June 4, 1998 813-874-7399

CR2E037 (10/97)