

DOCUMENT # N97000003598

1. Entity Name
GATEWAY BAPTIST CHURCH OF TAMPA, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90034 050 ****61.25

Principal Place of Business Mailing Address
4414 NORTH GRADY AVENUE 4414 NORTH GRADY AVENUE
TAMPA FL 33614 TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-2469246 Applied For Not Applicable

Zip Country U.S.A. Zip Country U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRECO, FRANK J ESQ.
1715 NORTHWESTSHORE BLVD.
SUITE 750
TAMPA FL 33607

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD GARMON, L H REV. <input type="checkbox"/> Delete 2511 W MINNEHAHA ST TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHAEL <input type="checkbox"/> Delete 105 S MOODY TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, WILLARD <input type="checkbox"/> Delete 6801 FERNFIELD CT. TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLET, GEORGE <input type="checkbox"/> Delete 10175 MCINTOSH ROAD DOVER FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARMON, LLOYD S <input type="checkbox"/> Delete 4414 NORTH GRADY AVENUE TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T FREDERICKS, LILLA <input checked="" type="checkbox"/> Delete 2719 KATHLEEN ST TAMPA FL 33607

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. CLERK CAROLYNHANKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12413 PALM TREE DR. THONOTOSASSA, FL. 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, WILLARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 FERNFIELD CT. TAMPA, FL. 33634

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] 1/3/2001 813-8747399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)