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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90151 021 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007036

1. Corporation Name
SOUTH GATE CHURCH, INC.

Principal Place of Business 503 W. CONFERENCE DRIVE BOCA RATON FL 33486	Mailing Address 503 W. CONFERENCE DRIVE BOCA RATON FL 33486
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/18/1997
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number # 65- APPLIED FOR 08-15527
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MORGAN, CHARLES O 1300 N.W. 167TH STREET MIAMI FL 33169	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
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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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE BOALT, STEPHEN W 503 W. CONFERENCE DRIVE BOCA RATON FL 33486	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOALT, STEPHEN W	1.2 NAME	
STREET ADDRESS	503 W. CONFERENCE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE BOALT, GAYTHALEE M 1900 S. CONFERENCE DR. APT. 1 BOCA RATON FL 33486	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOALT, GAYTHALEE M	2.2 NAME	
STREET ADDRESS	1900 S. CONFERENCE DR. APT. 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE COFFIN, JEAN 1900 S. CONFERENCE DR. APT. 2 BOCA RATON FL 33486	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIN, JEAN	3.2 NAME	
STREET ADDRESS	1900 S. CONFERENCE DR. APT. 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE SWANSON, SHARALEE 361 S.W. RIVER DRIVE #101 STUART FL 34997	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, SHARALEE	4.2 NAME	
STREET ADDRESS	361 S.W. RIVER DRIVE #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED 2/6/99 - 561-393-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)