

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90105 026 \*\*\*\*70.00

DOCUMENT # N97000007036

1. Entity 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 91222-0325
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2001 Sharon St</b>		3. Mailing Address <b>P.O. Box 4325</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		City & State <b>Glendale, CA</b>	
Zip <b>33486</b>	Country <b>USA</b>	Zip <b>91222-0325</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0815527</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MORGAN, CHARLES O</b> <b>1300 N.W. 167TH STREET</b> <b>MIAMI FL 33169</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DPT	BOALT, STEPHEN W 503 W. CONFERENCE DRIVE BOCA RATON FL 33486	TITLE DPT	BOALT, STEPHEN W 2001 SHARON ST. BOCA RATON, FL 33486
TITLE DS	BOALT, GAYTHALEE M 1900 S. CONFERENCE DR. APT. 1 BOCA RATON FL 33486	TITLE DS	Address change only BOALT, GAYTHALEE M 903 N.E. 1st POMPANO BEACH, FL 33060
TITLE D	COFFIN, JEAN 1900 S. CONFERENCE DR. APT. 2 BOCA RATON FL 33486	TITLE D	Address change only (COFFIN, JEAN) 903 N.E. 1st POMPANO BEACH, FL 33060
TITLE DV	SWANSON, SHARALEE 361 S.W. RIVER DRIVE #101 STUART FL 34997	TITLE	
TITLE		TITLE	
TITLE		TITLE	

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: *Stephen W Boalt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/26/00** Daytime Phone #: **626-6882392**