

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90061 036 \*\*\*61.25

**DOCUMENT # N99000004725**

1. Entity Name

**EASTGATE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

3722 TROUT ISLAND PLACE  
 MELBOURNE FL 32934

3722 TROUT ISLAND PLACE  
 MELBOURNE FL 32934-8165

2. Principal Place of Business

3. Mailing Address

3567 Sandpiper Lane  
 Suite, Apt. #, etc.

3567 Sandpiper Lane  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Melbourne, FL

City & State  
 Melbourne, FL

4. FEI Number  
 59-3592845

Applied For  
 Not Applicable

Zip  
 32935

Country

Zip  
 32935

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANKOSKY, SUSAN W  
 3722 TROUT ISLAND PLACE  
 MELBOURNE FL 32934

Name

Street Address (P.O. Box Number is Not Acceptable)

3567 Sandpiper Lane

City

Melbourne

FL

Zip Code

32935

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
 BANKOSKY, JOHN A  
 STREET ADDRESS 3722 TROUT ISLAND PLACE  
 CITY-ST-ZIP MELBOURNE FL 32934

TITLE  Change  Addition  
 NAME **D/P**  
 BANKOSKY, JOHN A  
 STREET ADDRESS ~~3722 TROUT ISLAND PLACE~~ 3567 Sandpiper  
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  Delete  
 NAME **D**  
 BANKOSKY, SUSAN W  
 STREET ADDRESS 3722 TROUT ISLAND PLACE  
 CITY-ST-ZIP MELBOURNE FL 32934

TITLE  Change  Addition  
 NAME **D/S/T**  
 BANKOSKY, SUSAN W  
 STREET ADDRESS ~~3722 TROUT ISLAND PLACE~~ 3567 Sandpiper  
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  Delete  
 NAME **D**  
 KINKEAD, RICHARD  
 STREET ADDRESS 3960 PEBBLECREEK RD.  
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE  Change  Addition  
 NAME **D/V**  
 KINKEAD, RICHARD  
 STREET ADDRESS 3544 QUAIL TRAIL  
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D**  
 KINKEAD ROXANNE  
 STREET ADDRESS 3544 QUAIL TRAIL  
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Susan W. Bankosky **SUSAN W. BANKOSKY** 1/6/00 321-255-9532  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Treasurer Date Daytime Phone #

CR2E037 (9/99)