

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90082 033 \*\*\*\*61.25

0029932

**DOCUMENT # N99000004725**

1. Entity Name  
**EASTGATE MINISTRIES, INC.**

Principal Place of Business      Mailing Address

**3567 SANDPIPER LANE**      **3567 SANDPIPER LANE**  
**MELBOURNE FL 32935**      **MELBOURNE FL 32935**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3592845**      Not Applicable

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

    

6. Name and Address of Current Registered Agent

**BANKOSKY, SUSAN W**  
**3567 SANDPIPER LANE**  
**MELBOURNE FL 32935**

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)

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

    

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BANKOSKY, JOHN A	
STREET ADDRESS	3567 SANDPIPER	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BANKOSKY, SUSAN W	
STREET ADDRESS	3567 SANDPIPER	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KINKEAD, RICHARD	
STREET ADDRESS	3544 QUAIL TRAIL	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINKEAD, ROXANNE	
STREET ADDRESS	3544 QUAIL TRAIL	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARTIN, DENNIS	
STREET ADDRESS	RT. 2, BOX 1615	
CITY-ST-ZIP	MAUD, TX 75567	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS DONALD	
STREET ADDRESS	1825 WHISPERING OAKS CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARY JANE	
STREET ADDRESS	1825 WHISPERING OAKS CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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      4/20/01      321 255-9532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)