

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91613 028 ****61.25

DOCUMENT # N99000004725

1. Entity Name

EASTGATE MINISTRIES, INC.

Principal Place of Business

**3567 SANDPIPER LANE
 MELBOURNE FL 32935**

Mailing Address

**3567 SANDPIPER LANE
 MELBOURNE FL 32935**

2. Principal Place of Business

2292 WINDHAM DR.

Suite, Apt. #, etc.

3. Mailing Address

2292 WINDHAM DR.

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

USA

Zip

32935

Country

USA

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

6. Name and Address of Current Registered Agent

**KINKEAD, RICHARD M
 2292 WINDHAM DRIVE
 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

Richard M Kinkead, President

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/02

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BANKOSKY, JOHN A	
STREET ADDRESS	3567 SANDPIPER	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DST	<input checked="" 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	D	<input checked="" type="checkbox"/> Delete
NAME	SARTIN, DENNIS	
STREET ADDRESS	RT. 2, BOX 1615	
CITY-ST-ZIP	MAUD TX 75567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DONALD	
STREET ADDRESS	1825 WHISPERING OAKS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32934	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINKEAD, RICHARD	
STREET ADDRESS	2292 WINDHAM DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINKEAD, ROXANNE	
STREET ADDRESS	2292 WINDHAM DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT MICHALIK	
STREET ADDRESS	1384 ROSEMARY DR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, GAIL	
STREET ADDRESS	901 SURFSIDE COVE	
CITY-ST-ZIP	PATRICK AFB, FL 32925	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, JOEL	
STREET ADDRESS	901 SURFSIDE COVE	
CITY-ST-ZIP	PATRICK AFB, FL 32925	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RICHARD	
STREET ADDRESS	1634 EMMAUS RD. N.W.	
CITY-ST-ZIP	PALM BAY, FL 32907	

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

Richard M Kinkead, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

~~Attachment #~~

N 99000004725
779623

ADDITIONS TO DIRECTORS

D

LEVY, MARY ANN
1634 EMMAUS RD. N.W.
PALM BAY, FL 32907

D

MICHALIK, SHAY
1384 ROSEMARY DR.
MELBOURNE, FL 32935

D

SWALLOW, MARK
7818 FALLING LEAF PL
MELBOURNE, FL 32940

D

SWALLOW, MARIANNE
7818 FALLING LEAF PL
MELBOURNE, FL 32940