

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90136 022 ****61.25

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DOCUMENT # N97000003598

1. Corporation Name

GATEWAY BAPTIST CHURCH OF TAMPA, INC.

Principal Place of Business
**4414 NORTH GRADY AVENUE
TAMPA FL 33614**

Mailing Address
**4414 NORTH GRADY AVENUE
TAMPA FL 33614**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

59-2469246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GRECO, FRANK J ESQ.
1715 NORTHWESTSHORE BLVD.
SUITE 750
TAMPA FL 33607**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GARMON, L H REV.**
STREET ADDRESS **2511 W MINNEHAHA ST**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ DELETE
NAME **TAYLOR, MIKE**
STREET ADDRESS **105 S MOODY**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☒ DELETE
NAME **KYTE, LEROY C**
STREET ADDRESS **5120 MURRAY HILL DRIVE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☐ DELETE
NAME **GILLET, GEORGE**
STREET ADDRESS **10175 MCINTOSH ROAD *McIntosh Rd.***
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ DELETE
NAME **GARMON, LLOYD S**
STREET ADDRESS **4414 NORTH GRADY AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **S/T** ☐ DELETE
NAME **FREDERICKS, LILLA**
STREET ADDRESS **2719 KATHLEEN ST**
CITY-ST-ZIP **TAMPA FL 33607**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **TAYLOR, MICHAEL**
2.3 STREET ADDRESS **105 S. MOODY**
2.4 CITY-ST-ZIP **TAMPA FL 33609**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **FORD, WILLARD**
3.3 STREET ADDRESS **6801 FERNFIELD CT.**
3.4 CITY-ST-ZIP **TAMPA FL 33634**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TIMOTHY MOYE**
4.3 STREET ADDRESS **1317 EDGEWATER CT.**
4.4 CITY-ST-ZIP **LUTZ, FL 33549**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **WILLIAM MOYE**
5.3 STREET ADDRESS **14806 N. BLVD.**
5.4 CITY-ST-ZIP **TAMPA, FL 33613**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Rev. L.H. Garmon* **Rev. L.H. Garmon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **FEB. 14, 1999** Signature **813-874-7389**

CR2E037 (1/98)