### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 737474** 

Entity Name: GATEWAY CHRISTIAN CENTER ASSEMBLY OF GOD, INC.

**FILED** Mar 27, 2023 **Secretary of State** 5914849789CC

# **Current Principal Place of Business:**

14205 N. FLORIDA AVENUE TAMPA, FL 33613-2118

# **Current Mailing Address:**

14205 N. FLORIDA AVE TAMPA. FL 33613

FEI Number: 59-1233724 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

JOSEPH, JOHN 2429 CENTRAL AVENUE SUITE 210

ST. PETERSBURG, FL 33713 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

**PRESIDENT** Title Title **DEACON** 

EVANS, DONALD Name Name SOBRINHO, HUMBERTO Address 23427 PINE LAKE STREET Address 13910 N. CENTRAL AVE. TAMPA FL 33613 City-State-Zip: City-State-Zip: LAND O'LAKES FL 34639

Title **DEACON** Title **SECRETARY** 

SMITH. THOMAS Name Name FROEBEL, EVIE Address 606 GAY ANN DRIVE Address 10820 N. HUBERT STREET VALRICO FL 33594 City-State-Zip: TAMPA FL 33618 City-State-Zip:

Title **DEACONESS** Title **DEACON** 

Name MAULDIN, PATRICIA Name OWUSU, OSEI

Address 18133 SWAN LAKE DRIVE Address 12836 UNIVERSITY CLUB DRIVE

> **APT 103** City-State-Zip: LUTZ FL 33549

City-State-Zip: TAMPA FL 33612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAMMY CODY

**BUSINESS ADMINISTRATOR**  03/27/2023