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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 04 1998 8:00am

	1998 DIVISION OF CORPORATIONS						Secretary of State				
DOCUMENT # 709713 (2)						•		500101	ary C	150	acc
GULF GATE CONGREGATION OF JEHOVAH'S WITNESSES, I											
NC.											
Principal Place of Business Mailing Address											
4425 SWIFT ROAD 4425 SWIFT ROAD								A D			
SARASOTA FL 34231			SARASOTA FL 34231				ļ	 Date Incorporated or Qual 10/05/1965 	itled		
US US								4. FEI Number		А	pplied For
Principal Place of Business 2a. Mailing Address								59-1995262		N	lot Applicable
21 Philicipal P	race of business		2a. Mailing Address				5. Certificate of Status Desire	eđ 🗆	4	Additional Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Finance	ing	\$5.00	
City & Stat	Δ	27	City & State					Trust Fund Contribution		Added t	to Fees
23	.c	28	City & State					7. Is this nonprofit corporatio		irs associatio No	on? .
Zip	Count		Zip	Co	untry	'		8. This corporation owes or h			ntangible
24	25	29 ess of Current Regi	stared Asset	30	,			Personal Property Tax due	June 30.	🗌 Yes 🏻	☐ No
-	9. Name and Addi	cas of Current Regi	stereu Agent		81	Name		10. Name and Address of Ne	w Registered	Agent	
WADSWORTH, DONALD					82	Street	Addres	s (P.O. Box Number is Not Acc	entable)		
4444 PI							VI.O. DOX Namber is Not Acc	epiable/			
SARASO			83								
					84	City	***		FI	8 5 Zip	Code
11. Pursuant	to the provisions of Sec	tions 617.0502 and	317.1508, Florida Sta	tutes, the a	pove	-named	corpor	ation submits this statement for		<u>= </u> of changing i	its registered
agent. i a	egistered agent, or both m tamiliar with, and acc	n, in the State of Flor cept the obligations o	ida. Such change wa of, Section 617.0503,	is authorize Florida Sta	d by tutes	the corp	poration	ation submits this statement for 's board of directors. I hereby	accept the app	ointment as	s registered
SIGNATURE	Signature, typed or printed nam										
12.		OFFICERS AND DIRE		13.	a Age	nt signature	required (when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AN	DIBECTOR	RS IN 12
TITLE	PD		☐ DELETE	1,1 T	TLE				31110210741	☐ Change	Addition
NAME	Wadsworth, Do	ON		1.2 N	AME						
STREET ADDRESS	4444 PIKE AVE			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL				TY-Si	T-ZIP					
TITLE	DV		DELETE	2,1 T						Change	Addition
NAME	COOK, KENNETH			2.2 N			•				
STREET ADORESS CITY-ST-ZIP	2432 YORKSHIRE SARASOTA, FL 0			•		ADDRESS					
TITLE	SD	UUUU	DELETE	3.1 T	ITY-S TLE	1-ZiP			i	Change	Addition
NAME	BAKER, JAY		<u> </u>	3.2 N						onange	
STREET ADDRESS	2640 AMANDA DE	RIVE				ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34				ITY-S	- 1					
TITLE			☐ DELETE	4.1 T	TLE					Change	Addition
NAME				4.21	AME	- 1					
STREET ADDRESS				4.3 \$	REET	address					-
CITY-ST-ZIP		,		4.4 C	TY-ST	-ZIP					
TITLE			☐ DELETE	5.1 π						Change	Addition
NAME				5.2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 C	TY-ST	- ZIP				☐ Change	Addition
NAME				6.2 N						Simile	Addition
STREET ADDRESS						ADDRESS					1
CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP					
44 14	actiful that the informatio	a accompliant cuttle thin i	Clina dana ant months	6 M			4 1- 0-	tion 110 07(0)(i) Elevisia Chabat		-16	

Interest verify that the information 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 altachment with an address.

SIGNATURE:

1-25-98