

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713034 (7)**  
1. Corporation Name  
**THE GOLDEN GATE UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**4300 21ST AVE.. S.W.  
NAPLES FL 33999**

Mailing Address  
**4300 21ST AVE.. S.W.  
NAPLES FL 33999**

3. Date Incorporated or Qualified  
**07/06/1967**

3a. Date of Last Report  
**02/03/1995**

4. FEI Number  
**59-1539058**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**THORN, FRED E.  
4300 21ST AVE., SW  
NAPLES FL 33999**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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                  | <input type="checkbox"/> DELETE |
| NAME           | PARK, PATRICK       |                                 |
| STREET ADDRESS | 3000 41ST ST SW     |                                 |
| CITY-ST-ZIP    | NAPLES FL 33999     |                                 |
| TITLE          | VD                  | <input type="checkbox"/> DELETE |
| NAME           | ALATALO, ALICE      |                                 |
| STREET ADDRESS | 194 SILVERADO DR    |                                 |
| CITY-ST-ZIP    | NAPLES FL 33999     |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | SHOEMAKER, ROGER    |                                 |
| STREET ADDRESS | 3210 15TH AVENUE SW |                                 |
| CITY-ST-ZIP    | NAPLES FL 33964     |                                 |
| TITLE          | SD                  | <input type="checkbox"/> DELETE |
| NAME           | HARRIS, CAMILLE     |                                 |
| STREET ADDRESS | 4474 23RD PL SW     |                                 |
| CITY-ST-ZIP    | NAPLES FL 33999     |                                 |
| TITLE          | T                   | <input type="checkbox"/> DELETE |
| NAME           | LOCKER, ROBERT      |                                 |
| STREET ADDRESS | 4820 32ND AVENUE SW |                                 |
| CITY-ST-ZIP    | NAPLES FL 33999     |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | LERTCH, JOE         |                                 |
| STREET ADDRESS | 4691 13TH AVE SW    |                                 |
| CITY-ST-ZIP    | NAPLES FL 33999     |                                 |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

**SIGNATURE:** *Robert Locker* **Robert Locker** **1-29-96** **941-455-2707**  
*Rev. Fred Thorn* **Rev. Fred Thorn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)