

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 713034

1. Corporation Name

THE GOLDEN GATE UNITED METHODIST CHURCH, INC.

Principal Place of Business 4300 21ST AVE.. S.W. NAPLES FL 34116 Mailing Address

4300 21ST AVE.. S.W. NAPLES FL 39999 3 4 //6

## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90047 046 \*\*\*\*61.25

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US						# <b>                                   </b>	DIBII DIBII DI				
2 Principal Pl	lace of Business	2a. Mailing Address				Date Incorporated or Qualifed					
- Fillicipal Fi	lace of Business					07/06/1967					
Suite, Apt.	# oto	26 Suite, Apt. #, et				4. FEI Number	-	App	ied For		
<del>-</del>	<del>r, c</del> .c.	27	<b>o.</b>			59-1539058	<u> </u>	<del>- ' '</del>	Applicable		
City & State	۵	City & State					\$8.		Iditional		
	<del>G</del>	28				5. Certificate of Status Desired		e Req			
Zip	Country	Zip Country				6. Election Campaign Financing	\$5	00 N	lay Be		
24	25	29	30	·		Trust Fund Contribution		ded to			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent				
				81	Name				į		
THORN F	יחרם ד			00	C+===1 (	Address (D.O. Bay Number is Not Assentable)					
THORN, F			82 Stre			Address (P.O. Box Number is Not Acceptable)					
	T AVE., SW		83								
NAPLES F	L 34116			L.				~			
				84	City	F	85	Zip Co	ode		
11 Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida	Statutes the a	bove	l e-named e			g its n	egistered		
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change ons of, Section 617.050	was authorize 3, Florida Sta	d by tutes	the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the app	pointment :	as regi	stered		
SIGNATURE											
	Signature, typed or printed name of registered agent		(NOTE: Registere	d Agen	nt signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12		
12.	OFFICERS AND	DIRECTORS		TT C		PD)	X1 Cha		Addition		
TITLE	PD					Joe Lertch		<b></b>			
NAME	NUTTER, CARL			IAME_		4691 13th Ave. SW			ļ		
STREET ADDRESS	5761 GOLDEN GATE PKWY				T ADDRESS	Naples, F1. 34116			1		
CITY-ST-ZIP	NAPLES FL 34116	□ DELE		TY-S	T-ZIP		[X] Cha	nne	Addition		
TITLE	VD					VD Clarence Cheney	۰۰۰۰ نیم	gu			
NAME	LERTCH, JOE			IAME		1962 46th Street SW					
STREET ADDRESS	1001 10111-1		2.3 S	TREET	T ADDRESS				ţ		
CITY-ST-ZIP	NAPLES FL 34116			CITY- S	ST-ZIP	Naples, Fl. 34116	[] Cha		Addition		
TITLE	{ D	☐ DEL				*	0.13	nige -	Addition		
NAME	Sanner, Roland			IAME							
STREET ADDRESS 199 ELMWOOD LANE			3.3 STREET ADDRESS		T ADDRESS				1		
C/TY+ST-ZIP				3.4. CITY-ST-ZIP			E3.05		- Addition		
TITLE	SD	☐ DELE	TE 4,1 T	πE			Cha	ııge	Addition		
NAME	HARRIS, CAMILLE		. 4. 21	WME							
STREET ADDRESS 4474 23RD PL SW			4.3 STREET ADDRESS		T ADDRESS						
CITY-ST-ZIP	NAPLES FL 34116			HTY-S	T-ZIP		F-7 Ct		——————————————————————————————————————		
TITLE	T	Z DELI		TTLE			<b>∑</b> Cha	ange	☐ Addition		
NAME	LOCKER, ROBERT			IAME		Richard Larson					
STREET ADORESS	4820 32ND AVENUE SW				TADDRESS	4351 23rd Place SW					
CiTY-ST-ZIP	NAPLES FL 34116			HY-S	T-ZIP	Naples, Fl. 34116			FT0 4.2 ****		
TITLE	D	☐ DELI		TTLE		D	☐ Cha	ange	X Addition		
NAME	CHENEY, CLARENCE		1	IAME	1	Don Hendrickx			+		
STREET ADDRESS	1962 46 ST SW		6.3 9	TREE	TADORESS	1801 17th Street SW			}		

NAPLES FL 34116

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:

HONGE TO THE OF PRINTED NAME OF SIGNIFF OFFICER OR DIRECTOR

Jan, 31, 1999 941-455-2707

R2E037 (11/98