

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90004 011 ****61.25

DOCUMENT # 713034

1. Entity Name

THE GOLDEN GATE UNITED METHODIST CHURCH, INC.

Principal Place of Business

4300 21ST AVE., S.W.
 NAPLES FL 34116
 US

Mailing Address

4300 21ST AVE., S.W.
 NAPLES FL 33999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1539058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, ROBERT
661 21ST ST SW
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name

WILLIAM EDGAR

Street Address (P.O. Box Number Not Acceptable)

6101 14TH AVE SW

City

NAPLES

FL

Zip Code

34116

8. 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

William R. Edgar

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

(NOTE: Registered Agent signature required when reinstating)

8/25/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	661 21ST ST SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREWER, ROBERT	
STREET ADDRESS	4497 20TH PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARNES, PAUL	
STREET ADDRESS	4542 17TH ST SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, CAMILLE	
STREET ADDRESS	4474 23RD PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUBLE, LEO	
STREET ADDRESS	4229 17TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEFFREY, ANN	
STREET ADDRESS	9 CANNES DIVE	
CITY-ST-ZIP	NAPLES FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM EDGAR	
STREET ADDRESS	6101 14TH AVE SW	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN JEFFREY	
STREET ADDRESS	9 CANNES DR.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYLE NEWMAN	
STREET ADDRESS	5101 31ST AVE SW	
CITY-ST-ZIP	NAPLES, FL 34116	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

William R. Edgar

8/25/01

CR2E037 (10/00)