

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713034

1. Entity Name

THE GOLDEN GATE UNITED METHODIST CHURCH, INC.

FILED

Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91187 025 ****61.25

Principal Place of Business

Mailing Address

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

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

4. FEI Number

59-1539058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDGAR, WILLIAM
6101 14TH AVE SW
NAPLES FL 34116

Name
WILLIAM SZCZEPKOWSKI

Street Address (P.O. Box Number is Not Acceptable)
1765 45TH TERR., 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME EDGAR, WILLIAM
STREET ADDRESS 6101 14TH AVE SW
CITY-ST-ZIP NAPLES FL 34116 ☒ Delete

TITLE PD
NAME WILLIAM SZCZEPKOWSKI
STREET ADDRESS 1765 45TH TERR. SW.
CITY-ST-ZIP NAPLES, FL 34116 ☒ Change ☒ Addition

TITLE VD
NAME BREWER, ROBERT
STREET ADDRESS 4497 20TH PL SW
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE VD
NAME GEORGE R. ERVIN
STREET ADDRESS 5960 AMHERST AVE. B105
CITY-ST-ZIP NAPLES, FL 34112 ☒ Change ☒ Addition

TITLE D
NAME STARNES, PAUL
STREET ADDRESS 4542 17TH ST SW
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE D
NAME NANCY BISBEE
STREET ADDRESS 2400 WHITE BLVD.
CITY-ST-ZIP NAPLES, FL 34117 ☐ Change ☒ Addition

TITLE SD
NAME HARRIS, CAMILLE
STREET ADDRESS 4474 23RD PL SW
CITY-ST-ZIP NAPLES FL 34116 ☒ Delete

TITLE SD
NAME JUDITH HARGREY
STREET ADDRESS 5950 AMHERST AVE. A104
CITY-ST-ZIP NAPLES, FL 34112 ☒ Change ☐ Addition

TITLE T
NAME JEFFREY, ANN
STREET ADDRESS 9 CANNES DR
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE T
NAME DR. SHARON PATCH
STREET ADDRESS 3820 COLONIAL BLVD. #103
CITY-ST-ZIP FT. MYERS, FL 33912 ☐ Change ☒ Addition

TITLE D
NAME NEWMAN, CHERYLE
STREET ADDRESS 5101 31ST AVE SW
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE D
NAME CHERYLE NEWMAN
STREET ADDRESS 5101 31ST AVE. S.W.
CITY-ST-ZIP NAPLES, FL 34116 ☒ Change ☐ Addition

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:

SIGNATURE REQUIRED

5/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)