

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722052 (8)

1. Corporation Name
GATEWAY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business: ST PETERSBURG FLORIDA INC, 7700 16TH ST N, ST PETERSBURG FL 33702
Mailing Address: ST PETERSBURG FLORIDA INC, 7700 16TH ST N, ST PETERSBURG FL 33702

3. Date Incorporated or Qualified: 11/08/1971
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1370061	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

DECK, DAVID L.
6523 22ND ST. N.
ST PETERSBURG FL 33702

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, CONNIE	1.2 NAME	T NUSBAUM, DAVID
STREET ADDRESS	7485 16TH ST N	1.3 STREET ADDRESS	1402 84 Avenue N
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, BOB	2.2 NAME	
STREET ADDRESS	15666 N 46 ST, #1048	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JUDY	3.2 NAME	S HICKS, DEBBIE
STREET ADDRESS	690 73 AVE N	3.3 STREET ADDRESS	7051 17 Lane N
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TR HAMLIN, TED	4.2 NAME	
STREET ADDRESS	801 N 83 AVE #317	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D WATSON, ROY	5.2 NAME	DECK, PAUL
STREET ADDRESS	3827 N 20TH ST	5.3 STREET ADDRESS	246 83 Avenue N
CITY-ST-ZIP	ST PETE FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TR KIM SHANER
STREET ADDRESS		6.3 STREET ADDRESS	5214 46th Avenue N
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33702

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 337.06(4), 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.

SIGNATURE: _____ DATE: 4/9/96 TIME: 8:52-11/41

CR2E037 (12/95)