

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

**FILED**  
**Jun 05 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
		(Blank space)

**DOCUMENT # 722052 (8)**

1. Corporation Name  
**GATEWAY BAPTIST CHURCH OF ST. PETERSBURG, FLORID A, INC.**

Principal Place of Business <b>ST PETERSBURG FLORIDA INC</b> <b>7700 16TH ST N</b> <b>ST PETERSBURG FL 33702</b>	Mailing Address <b>ST PETERSBURG FLORIDA INC</b> <b>7700 16TH ST N</b> <b>ST PETERSBURG FL 33702-4015</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/08/1971</b>	3a. Date of Last Report <b>04/17/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1370061</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>DECK, DAVID L.</b> <b>6523 22ND ST. N.</b> <b>ST PETERSBURG FL 33702</b>		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID NUSBAUM</b>	1.2 NAME	<b>Billie N. Greene</b>
STREET ADDRESS	<b>1402 84TH AVENUE, N</b>	1.3 STREET ADDRESS	<b>872 90th Avenue N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, Fl 33702</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAULKNER, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>15666 N 48 ST, #1048</b>	2.3 STREET ADDRESS	<b>15666 49th St N, Lot 1048</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEBBIE HICKS</b>	3.2 NAME	
STREET ADDRESS	<b>7051 17 LANE, N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMLIN, TED</b>	4.2 NAME	
STREET ADDRESS	<b>801 N 83 AVE #317</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WATSON, ROY</b>	5.2 NAME	<b>TR</b>
STREET ADDRESS	<b>3827 N 20TH ST</b>	5.3 STREET ADDRESS	<b>DECK, PAUL</b>
CITY-ST-ZIP	<b>ST PETE FL</b>	5.4 CITY-ST-ZIP	<b>246 83 Avenue N</b>
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>St. Petersburg, Fl 33702</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIM SHANER</b>	6.2 NAME	
STREET ADDRESS	<b>5214 46TH AVENUE, N</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **4-27-97**

CR2E037 (9/96)