

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90040 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722052**

1. Corporation Name  
**GATEWAY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA A, 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/08/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1370061
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
**Ernest Gibbs, Jr**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3724 Greenford St.**

83

84 City  
**Valrico, FL**

85 Zip Code  
**33594**

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 *Ernest Gibbs, Jr.* (Ernest Gibbs, Jr - Trustee) DATE 4/25/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	T	
NAME	NUSBAUM, DAVID	
STREET ADDRESS	1402 84 AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	
NAME	WILEY, CHARLES	
STREET ADDRESS	6311 16TH STREET N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEBBIE HICKS	
STREET ADDRESS	7051 17 LANE, N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	
NAME	GIBBS, ERNIE	
STREET ADDRESS	3724 GREENFORD ST	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TR	
NAME	DECK, PAUL	
STREET ADDRESS	246-83 AVE., N-	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Ann Neener		
3.3 STREET ADDRESS	6625 23 Circle N.		
3.4 CITY-ST-ZIP	St. Petersburg, FL 33702		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS	6523 22nd Street N		
5.4 CITY-ST-ZIP	St. Petersburg, FL 33702		
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *David Nusbaum* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Nusbaum - Treasurer

DATE: 4/14/99 DAYTIME PHONE #: 578-7079

CR2E037 (1/98)