

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90049 043 ****61.25

DOCUMENT # 722052
 1. Entity Name
GATEWAY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-1370061** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LITTLE, BILLY
6616 RENT DR N
VALRICO FL 33594

7. Name and Address of New Registered Agent
 Name: **David Heaviland**
 Street Address (P.O. Box Number is Not Acceptable):
7050 Hollowell Dr.
 City: **Tampa** FL Zip Code: **33634**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE: **3/27/05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	APPLETON, MARTHA	<input type="checkbox"/> Delete
STREET ADDRESS	6320 13TH ST. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE NAME	D WILEY, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6311 16TH STREET N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	S LITTLE, PAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6616 KENT DRIVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE NAME	D DEBERRY, RUSTY	<input type="checkbox"/> Delete
STREET ADDRESS	1500 77TH AVE. N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE NAME	S DEBERRY, KRIS	<input type="checkbox"/> Delete
STREET ADDRESS	1500 77TH AVE. N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Lewis Patrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6260 17th Lane No.	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE NAME	S Stephanie Arapi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	545-17th Ave No. #. 301	
CITY-ST-ZIP	St. Petersburg FL 33702	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/31/05**
 DAYTIME PHONE #