2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **727718** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name **GULF GATE CHURCH, INC.** 04-22-2000 90085 015 ****61.25 Principal Place of Business Mailing Address 6501 S. LOCKWOOD RIDGE ROAD 6501 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34231-7141 SARASOTA FL 34231-7141 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 59-2441318 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STRAND, BRIAN 1671 MOUND ST. SARASOTA FL 34236 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME **CHAPPEL.RICK** NAME STREET ADORESS STREET ADDRESS 5707 DORAL CT CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PENDLEY, JEFFREY NAME STREET ADDRESS STREET ADDRESS 2485 BREAKWATER CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE Delete TITLE Change ☐ Addition NAME RITCHIE, WILLIAM NAME STREET ADDRESS **4215 TARPON RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 16 2000

Daytime Phone #