2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Malling Address

3. Mailing Address

City & State

Zip

SARASOTA FL 34231-7141

Suite, Apt. #, etc.

6501 S. LOCKWOOD RIDGE ROAD

DOCUMENT # 727718

Country

6. Name and Address of Current Registered Agent

1. Entity Name

GULF GATE CHURCH, INC.

Principal Place of Business

SARASOTA FL 34231-7141

Suite, Apt. #, etc.

KOLBE, SCOTT

7672 39TH STREET CIR EAST SARASOTA FL 34243

City & State

Zip

SIGNATURE

6501 S. LOCKWOOD RIDGE ROAD

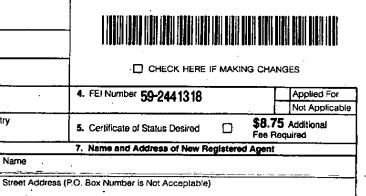
2. Principal Place of Business



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90123 012 ****61.25

90018488



The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.

Country

FILE NOW: FEE IS \$61.25

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

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Zip Code

Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 nne Delete TITLE (10/02) ☐ Change ☐ Addition NAME PENDLEY, JEFFREY NAME STREET ADDRESS 2485 BREAKWATER CIR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE Oslete TITLE Change ☐ Addition ritchie, William NAME NAME STREET ADDRESS 4215 TARPON RD STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME WALD, ROGER C JR NAME STREET ADDRESS 7703 BRITISH OPEN WAY STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

ATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #