FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of Stafe
DIVISION OF CORPORATIONS

1997 DOCUMENT #

730689

(7)

1. Corporation	n Name	• •				
THE GOLDEN GATE PRESBYTERIAN CHURCH, INC.) 10 GHA 10 GAN 1818 ANIA 3186 1818	IAN BIĞIR GIĞIL BIRK GIRK GIRK	## # (
Principal Place	e of Business	Mailing Address			IBAL OTDIA OLOGA DIBAL BAGAL BAR	il 010 11 1 00 1
4004 CUNICITY	BOAD CW	4631 SUNSET ROAD S.W	1			
4631 SUNSET ROAD S.W. GOLDEN GATE FL 33989 GOLDEN GATE FL 34118-5845				·		
OCCUPENT ONLY	341/6				Tall Box 10 corp.	
	•			3. Date incorporated or Qualified 09/16/1974	3a. Date of Last Rep 03/16/1990	6"
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number		
	lace of Business	26		59-1499623	 -	ed For Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.			PD 75	
22	., 5.0	27		5. Certificate of Status Desired	Fee Requ	
City & State	е	City & State		6. Election Campaign Financing	\$5.00 M	av Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 1	99.032,
24	25	_	30		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		81 Name	Young , Ir , William H.		
CASS, DONALD J			82 Street Add	dress (P.O. Box Number is Not Acceptab	ie)	
161 27TH ST. NW			83	4391 23" Place 5 W		
NAPLES	3 FL 33999		83			
	•		84 City	Naple	FL 85 Zip Co	6
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-named co	rporation submits this statement for the p	urpose of changing its r	registered
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.						
	M. Wing Il M.	una h		5.	19-97	
SIGNATURE .	Signature, typed or printed name of registered agen	and the if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)	DATÉ	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	10	DELETE	1.1 TITLE	Treasurer	Change	Addition
NAME	CASS, CONALD J		1.2 NAME	YOUNG, IV. WITHIAM H.		ŀ
STREET ADDRESS	161 2711161. NW		1.3 STREET ADDRESS	4391 2314 Place SW		
CITY-ST-ZIP	HAPLES FL 83964		1.4 CITY-ST-ZIP	Naples Ft 34116	27 01	Addition
TIFLE	TO SOUTH STATE OF STA	DELETE		rnancial Secretary	Change	Addition
NAME	SCHWARZWAELDER, ELAINE		2.2 NAME	Toyce Eisch		
STREET ADDRESS	480 WEDGE ORIVE		2.3 STREET ADDRESS	300 18th Place SW		ļ
CITY-ST-ZIP	NAPLES FL	DELETE	2.4 CITY-ST-ZIP	Naple FR 84116	☐ Change	Addition
TITLE	TD Noble, Jeanne	C DEFEIG	3.1 TITLE	•	· FT CHOUNG	III AUGIIUNI
NAME DIRECT ADDRESS	728 PINE VALE COURT		3.2 NAME			ļ
STREET ADDRESS	NAPLES FL		3.3 STREET ADDRESS			
CITY-ST-ZIP	INTLOTL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
TITLE		C Deterie	4. 2 NAME		Per Augusta	
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS						}
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	·	Change	Addition
		OLLCIE	5.2 NAME		- William	
NAME	1					\ \
STREET ADDRESS	ĺ		5.3 STREET ADDRESS			
CHY-S1-ZIP		DELETE	5.4 City-ST-ZIP 6.1 Title		Change	Addition
TITLE	1	☐ 0ctr1c	6.2 NAME		C Cutury	
NAME OZOSSZ A DODSOS				* * * * * * * * * * * * * * * * * * * *		
STREET ADORESS	!		6.3 STREET ADDRESS			

SIGNATURE: May The on Pentile Name of Stating OFFICER OF DIRECTOR JONNY TV 4-7-97 455-6353

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 this 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 3 if changed, or on an attachment with an address.