2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90013 042 ****70.00

DOCUMENT # 750151

1. Entity Name

GATEWAY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2601 PARTIN SETTLEMENT ROAD KISSIMMEE FL 34744	2601 PARTIN SETTLEMENT ROAD KISSIMMEE FL 34744-5421

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2468709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNETT, RONALD 1003 SHAWNDA LN. KISSIMMEE FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINKS, JEFF 2077 LIVE OAK BLVD. KISSIMMEE FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SMITH, MARK (REV) 4804 JAY DRIVE ST. CLOUD FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Dragula, Thaddeus (Rev) 1409 Wood Lane Circle St. Cloud FL 34772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARNETT, RONALD 1003 SHAWNDA LANE KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINDERMAN, FRED 2816 TEXAS AVE KISSIMMEE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lambert, Donald 3690 Late Morning Circle Kissimmee FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEST, JIM 2621 CAHOKIA CT KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vest, Jim 2621 Cahokia Ct Kissimmee FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Richard Lambert 2-6-00 4078468595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #