

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90432 039 *****61.25

DOCUMENT # 750151

1. Entity Name

GATEWAY BAPTIST CHURCH, INC.

Principal Place of Business

**2601 PARTIN SETTLEMENT ROAD
 KISSIMMEE FL 34744**

Mailing Address

**2601 PARTIN SETTLEMENT ROAD
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2468709

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MINKS, JEFF**
 CITY-ST-ZIP **2077 LIVE OAK BLVD.
 KISSIMMEE FL 34771**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MD**
 STREET ADDRESS **DRAGULA, THODDEUS REV**
 CITY-ST-ZIP **1409 WOODLANE CR
 SAINT CLOUD FL 34772**

TITLE ☒ Change ☐ Addition
 NAME **Dragula, Thaddeus Rev.**
 STREET ADDRESS **1409 Wood Lake Circle**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BARNETT, RONALD**
 CITY-ST-ZIP **1003 SHAWNDA LANE
 KISSIMMEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAMBERT, DONALD**
 CITY-ST-ZIP **3690 LATE MORNING CR
 KISSIMMEE FL**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Lambert, Donald**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VEST, JIM**
 CITY-ST-ZIP **2621 CAHOKIA CT
 KISSIMMEE FL**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Vest, Jim**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Thaddeus Dragula 3/9/01 407-846-8595

Date

Daytime Phone #

CR2E037 (10/00)