

2002 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2468709

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARNETT, RONALD
1003 SHAWNDA LN.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

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

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	MD DRAGULA, THADDEUS REV 1409 WOOD LAKE CIRCLE SAINT-CLOUD FL 34772	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNETT, RONALD 1003 SHAWNDA LANE KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, DONALD 3690 LATE MORNING CR KISSIMMEE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VEST, JIM 2621 CAHOKIA CT KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Thaddeus Dragula
PASTOR THADDEUS DRAGULA

2/14/02 (407) 846-8595

Daytime Phone #

CR2E037 (9/01)