


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90435 003 \*\*\*\*61.25

<b>DOCUMENT # 750151</b> 1. Entity Name <b>GATEWAY BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>2601 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744</b>			Mailing Address <b>2601 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2468709</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARNETT, RONALD 1003 SHAWNDA LN. KISSIMMEE, FL 34744</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, DONALD		NAME		
STREET ADDRESS	3690 LATE MORNING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANIA, JEFF		NAME	Kania, Jeff	
STREET ADDRESS	401 15TH STREET		STREET ADDRESS	1501 Oregon Ave	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMLER, KEN		NAME		
STREET ADDRESS	6445 FALL STREET		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	NED BOWERS	
STREET ADDRESS			STREET ADDRESS	301 14th Street	
CITY-ST-ZIP			CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Barbara Collison</i> <b>Barbara Collison, Treasurer</b>			Date: <b>4/20/06</b> Daytime Phone #: <b>407-846-8595</b>		