

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90016 007 ****70.00

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 - No P.O. Box #

3. Mailing Address

01072008 Chg-NP CR2E037 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TR
NAME KANIA, JEFF ☒ Delete
STREET ADDRESS 101 15TH STREET
CITY-ST-ZIP SAINT CLOUD, FL 34769

TITLE TR
NAME SUMLER, KEN ☐ Delete
STREET ADDRESS 6445 FALL STREET
CITY-ST-ZIP SAINT CLOUD, FL 34771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME TR
STREET ADDRESS Pet Potts (Stephen)
CITY-ST-ZIP 1711 Kentucky Ave
St. Cloud, FL 34769

TITLE ☐ Change ☒ Addition
NAME TR
STREET ADDRESS Sam Hard
CITY-ST-ZIP 2407 Rolling Brook Drive
Orlando, FL 32837

TITLE ☐ Change ☒ Addition
NAME TR
STREET ADDRESS Carlos Diaz
CITY-ST-ZIP 165 Thornbury Drive
Kissimmee, FL 34744

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 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.

SIGNATURE: _____

Stephen Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen (Pat) Potts 4/8/08

407-957-1090
Date Daytime Phone #