

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90225 014 *****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

Zip

Country

Zip

Country

4. FEI Number **59-2468709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **MD** ☒ Delete
NAME **DRAGULA, THADDEUS REV**
STREET ADDRESS **1409 WOOD LAKE CIRCLE**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **DeWees, John**
CITY-ST-ZIP **1351 Trails End Court**
St. Cloud, FL 34771

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

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **Kania, Jeff**
CITY-ST-ZIP **921 Montana Avenue**
St. Cloud, FL 34769

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

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **Sumler, Ken**
CITY-ST-ZIP **6445 Fall Street**
St. Cloud, FL 34771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Jeffrey A. Kania* **REQUIRED** *Jeffrey A. Kania* 3/26/03 (church) 407-846-8595

CR2E037 (10/02)