

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90062 021 ****61.25

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # N00000001926 1. Entity Name GATE WAY CHURCH OF CHRIST OF SOUTH DADE, INC. | | | | | |
| Principal Place of Business 1800 E MOWRY DRIVE HOMESTEAD, FL 33033 | | | Mailing Address 1800 E MOWRY DRIVE HOMESTEAD, FL 33033 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-1146034 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ALLEN, R. KEITH 4675 PONCE DE LEON BLVD. SUITE 302 MIAMI, FL 33146 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | DP WEETMAN, JOHN L 1713 EGRET ROAD HOMESTEAD, FL 33035 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATHERLY, FRANK 1615 EGRET ROAD HOMESTEAD, FL 33035 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARNUM, ROBERT 14955 SW 214TH STREET MIAMI, FL 33189 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WALLACE, MARK 1111 K ADAMS AVE HOMESTEAD, FL 33034 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HARRIS, ROLAND 19240 SW 304TH STREET HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STALL, WILLIE 14700 HARRISON STREET MIAMI, FL 33176 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENRIQUEZ, RON 18719 SW 344 DRIVE Florida City, FL 33034 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAVES, DICK 94 NE 17 STREET Homestead, FL 33030 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>John L. Weetman</u> <u>John L. Weetman</u> <u>2-3-5</u> <u>765-245-1313</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

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Block I. GATE WAY CHURCH OF CHRIST OF SOUTH DADE, INC.
1800 E MCWAY DRIVE
Homestead, Fla 33033

Block II. VD

☒ Addition

MELTON, Charlie W.
18540 SW 244 Street
Homestead, FL 33031