

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001926

FILED
Apr 26, 2009
Secretary of State

Entity Name: GATE WAY CHURCH OF CHRIST OF SOUTH DADE, INC.

Current Principal Place of Business:

1800 E MOWRY DRIVE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

1800 E MOWRY DRIVE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 65-1146034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, R. KEITH
4675 PONCE DE LEON BLVD.
SUITE 302
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MELTON, C.W.
Address: 18540 SW 244 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: BROWN, CARL
Address: 430 NW 5 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: BARNUM, ROBERT
Address: 14955 SW 214TH STREET
City-St-Zip: MIAMI, FL 33189

Title: DT () Delete
Name: WALLACE, MARK
Address: 1111 K ADAMS AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: SD () Delete
Name: HARRIS, ROLAND
Address: 19240 SW 304TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: HARRIS, JIM
Address: 19425 SW 312 ST
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.W. MELTON

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date