

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001926

FILED  
Jan 05, 2012  
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:**

RAMSEY, DAVID M  
21800 SW 152 AVE  
MIAMI, FL 33170 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  
Name: MELTON, C.W.  
Address: 18540 SW 244 ST  
City-St-Zip: HOMESTEAD, FL 33031

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID M RAMSEY

TR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date