

2001 UNIFORM BUSINESS REPORT (UBR)

5/7

FILED
May 30, 2001 8:00 am
Secretary of State

05-07-2001 90047 018 ****61.25

DOCUMENT # N00000005465

1. Entity Name

GATES OF PRAYER, INC.

Principal Place of Business

7576 SAN JOSE BLVD.
 JACKSONVILLE FL 32217

Mailing Address

P.O. BOX 56304
 JACKSONVILLE FL 32241

GATES OF PRAYER

2. Principal Place of Business

3. Mailing Address

P.O. Box 56304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

City & State

4. FEI Number

59-3663574

Applied For...

Not Applicable

Zip

Country

Zip

Country

32241

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, NANCY E
7576 SAN JOSE BLVD.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	President / Treasurer / Director	<input type="checkbox"/> Delete
NAME	Nancy Kaplan	
STREET ADDRESS	7576 San Jose Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	Vice President / Director	<input type="checkbox"/> Delete
NAME	Aileen Goleman	
STREET ADDRESS	1660 Blanding Blvd	
CITY-ST-ZIP	Orange Jacksonville, FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Lonnie Lane / Director	
STREET ADDRESS	5075 A. Defford PL	
CITY-ST-ZIP	Eaglesville, PA 19403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STANLEY K. REUBEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

CR2E037 (10/00)