

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005465

1. Entity Name

GATES OF PRAYER, INC.

Principal Place of Business

7576 SAN JOSE BLVD.
JACKSONVILLE FL 32217

Mailing Address

GATES OF PRAYER INC
PO BOX 56304
JACKSONVILLE FL 32241

2. Principal Place of Business

3. Mailing Address

10142 Arrowhead Dr.

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX FL

Zip 32257

Country USA

Zip

Country

4. FEI Number

59-3663576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KAPLAN, NANCY
75760 SAN JOSE BV
JACKSONVILLE FL 32217 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COLEMAN, ALLEN
1660 BLANDING BV
JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COLEMAN ALLEN
13291 VANTAGE WAY
JACKSONVILLE, FL. 32218 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LANE, LONNIE
5075 A DEEFORD PL
EAGLEVILLE PA 19403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VANILLA PITTMAN
8829 S. Falcon Trace Dr.
JACKSONVILLE, FL 32222 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Kaplan 4/26/02

Date

Daytime Phone #

993 0285
904

CR2E037 (9/01)