

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007539

1. Entity Name

THE MAIN GATE ASSEMBLY CHURCH, INC.

Principal Place of Business

3120 MARINA WAY  
LANTANA FL 33462

Mailing Address

3120 MARINA WAY  
LANTANA FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1109676

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

THOMPSON, DESMOND  
3120 MARINA WAY  
LANTANA FL 33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 D ☐ Delete  
NAME THOMPSON, DESMOND  
STREET ADDRESS 312 MARINER WAY  
CITY-ST-ZIP LANTANA FL 33462

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

TITLE D ☐ Delete  
NAME MILLER, BASIL  
STREET ADDRESS 312 MARINER WAY  
CITY-ST-ZIP LANTANA FL 33462

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

TITLE D ☐ Delete  
NAME CLARKE, RONALLY  
STREET ADDRESS 4516 BARCLAY CRESENT  
CITY-ST-ZIP LAKE WORTH FL 33462

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

TITLE D ☐ Delete  
NAME MILLS, MICHAEL  
STREET ADDRESS 2020 SPRUCE AVE  
CITY-ST-ZIP W PALM BCH FL 33407

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

TITLE D ☐ Delete  
NAME MCPHERSON, DIANE  
STREET ADDRESS 582 MCLEVIN SCARBOROUGH,  
CITY-ST-ZIP ONTARIO MIB4B-7

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

TITLE D ☐ Delete  
NAME HYLTON, VALERIE  
STREET ADDRESS 1123 10TH ST  
CITY-ST-ZIP W PALM BCH FL 33401

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE REQUIRED

09/06/02

FILED  
Sep 25, 2002 8:00 am  
Secretary of State

09-25-2002 90122 009 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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