

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-18-2007 90002 032 ****61.25

DOCUMENT # N00000007539 1. Entity Name THE MAIN GATE ASSEMBLY CHURCH, INC.					
Principal Place of Business 3120 MARINA WAY ATTN: DESMOND THOMPSON LANTANA FL 33462			Mailing Address 6718 HATTERAS DR LAKE WORTH FL 33467		
2. Principal Place of Business - No P.O. Box # 6718 HATTERAS DR			3. Mailing Address Suite, Apt. #, etc.		
City & State LAKE WORTH, FLORIDA			City & State		
Zip 33467		Country		4. FEI Number 65-1109676	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, DESMOND 6718 HATTERAS DR LAKE WORTH FL 33467			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, DESMOND 312 MARINER WAY LANTANA FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, BASIL 312 MARINER WAY LANTANA FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, RONALLY 4516 BARCLAY CRESENT LAKE WORTH FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, MICHAEL 2020 SPRUCE AVE W PALM BCH FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCPHERSON, DIANE 582 MCLEVIN SCARBOROUGH, ONTARIO M1B4B-7	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYLTON, VALERIE 1123 10TH ST W PALM BCH FL 33401	☐ 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 exemptions contained in Section 119, 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:			Date 6/21/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			City Phone #		