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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-19-2002 90065 031 ****61.25

DOCUMENT # N01000001288

1. Entity Name

GATEWAY COMMUNITY CHURCH OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
217 ARBOR WOODS CIRCLE OLDSMAR FL 34677	217 ARBOR WOODS CIRCLE OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
172 DOUGLAS RD. E.	P.O. BOX 992
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR, FL	City & State: OLDSMAR, FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number 59 3705635 ☐ 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
ZWAN, ALPHONSE G JR 217 ARBOR WOODS CIRCLE OLDSMAR FL 34677	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: Rev. AL ZWAN PASTOR — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 4/25/02

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
D	PRESIDENT AL ZWAN 217 ARBOR WOODS CIRCLE OLDSMAR, FL 34677	☐ Delete		☐ Change ☐ Addition
D	VICE PRESIDENT SAM AYERS 2083 N. DRUID CIRCLE CLEARWATER, FL 33764	☐ Delete		☐ Change ☑ Addition
D	VICE PRESIDENT MIKE EVANS 1816 WILLOW OAK DRIVE PALM HARBOR, FL 34683	☐ Delete		☐ Change ☑ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/25/02 — Daytime Phone #: 813 300 6231