

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000001288

1. Entity Name

GATEWAY COMMUNITY CHURCH OF TAMPA BAY, INC.



Principal Place of Business

**172 DOUGLAS RD E
OLDSMAR, FL 34677**

Mailing Address

**172 DOUGLAS RD EAST
OLDSMAR, FL 34677**



01252005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**ZWAN, ALPHONSE G JR
217 ARBOR WOODS CIRCLE
OLDSMAR, FL 34677**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZWAN, AL
STREET ADDRESS 217 ARBOR WOODS CIR
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE VD
NAME EVANS, MIKE
STREET ADDRESS 1816 WILLOW OAK DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D
NAME MCMULLEN, LEWIS
STREET ADDRESS 3308 SEFFNER DRIVE
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000326360
04/23/05-80054-002 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-20-05 (727) 410-3299