

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90196 027 \*\*\*\*61.25

**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

**P.O. BOX 992  
OLDSMAR FL 34677**

**55040801**

2. Principal Place of Business

3. Mailing Address

**172 DOUGLAS RD E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OLDSMAR FL**

Zip

Country

Zip

Country

**34677**

4. FEI Number **59-3705635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

*Al Zwan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

**FILE NOW: FEE IS \$61.25**

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

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

TITLE **VD** ☒ Delete  
NAME **AYERS, SAM**  
STREET ADDRESS **2083 N DRUID CIR**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VD** ☐ Delete  
NAME **EVANS, MIKE**  
STREET ADDRESS **1818 WILLOW OAK DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
NAME **McMullen, Lewis**  
STREET ADDRESS **1113 Old Village Way**  
CITY-ST-ZIP **Oldsmar FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Al Zwan*  
**AL ZWAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/13/03 4/25/05 813 814 2515**

CF2E037 (10/02)