

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001348

1. Entity Name

GATES OF PRAISE CHRISTIAN CENTER INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-07-2002 90353 026 ****70.00

Principal Place of Business

1065 SOUTH FLORIDA
UNIT 1
LAKELAND FL 33807

Mailing Address

4265 US HIGHWAY 98 N
SUITE 512
LAKELAND FL 33809

31403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4265 US Highway 98 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

512

City & State

Lakeland Florida

City & State

4. FEI Number

59-3692061

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, NICOLET
4340 SUMMER LANDING DR., #103
LAKELAND FL 33810

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE Director
NAME Reginald Wells
STREET ADDRESS 673 Jessanda Circle
CITY-ST-ZIP Lakeland FL 33813 ☐ Delete

TITLE Director of Finance
NAME Nikki Wells (NICOLET)
STREET ADDRESS 3235 Buff Road
CITY-ST-ZIP Lakeland FL 33810 ☐ Delete

TITLE Trustee
NAME Br. Hney Clemons
STREET ADDRESS 13488 Princess Kelly Dr
CITY-ST-ZIP Jacksonville, FL 32225 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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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:

Nikki Wells (NICOLET)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

863 581 6368

Daytime Phone #

CR2E037 (9/01)