

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90410 050 ****78.75

DOCUMENT # N01000001348

1. Entity Name

GATES OF PRAISE CHRISTIAN CENTER INC.



Principal Place of Business

**13245 ATLANTIC BLVD.
SUITE #4
JACKSONVILLE FL 32225
US**

Mailing Address

**13245 ATLANTIC BLVD.
SUITE #4
JACKSONVILLE FL 32225
US**

2. Principal Place of Business

13245 Atlantic Blvd.

3. Mailing Address

13245 Atlantic Blvd

Suite, Apt. #, etc.

Suite 271

Suite, Apt. #, etc.

Suite 271

City & State

Jacksonville, FL

City & State

Jacksonville FL

Zip

32225

Country

US

Zip

32225

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3692061**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$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

WEUS, Nicolet

Street Address (P.O. Box Number is Not Acceptable)

1056 meadow View Lane

St. Augustine

City

FL

Zip Code

32092

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

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 **D** ☐ Delete
NAME **WELLS, REGINALD**
STREET ADDRESS **672 JESSANDA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DOF** ☐ Delete
NAME **WELLS, NIKKI**
STREET ADDRESS **3235 DUFF ROAD**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **T** ☐ Delete
NAME **CLEMONS, BRITTNEY**
STREET ADDRESS **13488 PRINCESS KELLY DR**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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
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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: **NICOLET WELLS REGINALD WELLS**

4-28-03 904 825 2017

CR2E037 (10/02)