

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 010 ****61.25

DOCUMENT # N01000003631



1. Entity Name
STRAIGHT GATE MINISTRIES OF POINCIANA, INC.

Principal Place of Business
**513 BAR DRIVE
POINCIANA, FL 34759**

Mailing Address
**513 BAR DRIVE
POINCIANA, FL 34759**

50056977



2. Principal Place of Business

3. Mailing Address

4900 Winwood Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005

Chg-NP

CR2E037 (10/03)

City & State

Orlando FL

4. FEI Number
59-3723621

Applied For
Not Applicable

Zip

Country

Zip

Country

32819

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WAKEFIELD, S. CRAIG
1400 WEST OAK STREET
SUITE A
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name **RAMONA Scales**

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

4900 Winwood Way

City **Orlando**

FL Zip Code **32819**

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

Ramona Scales

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

(NOTE: Registered Agent signature required when reinstating)

7-20-05

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 **MONROE, CLARENCE**
STREET ADDRESS **705 FLAG WAY**
CITY-ST-ZIP **POINCIANA, FL 34759**

TITLE **D** ☐ Delete
NAME **SUTTON, JOSEPH**
STREET ADDRESS **513 BAR DRIVE**
CITY-ST-ZIP **POINCIANA, FL 34759**

TITLE **D** ☐ Delete
NAME **SCALES, STACEY**
STREET ADDRESS **1342 E. VINE STREET, #320**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

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 **D** ☐ Change ☒ Addition
NAME **RAMONA Scales**
STREET ADDRESS **4900 Winwood Way**
CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Joseph Sutton **Joseph Sutton**

DATE

7-20-05

Daytime Phone #

863-242-9098