

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

2/2

02-27-2003 90138 026 ****61.25

DOCUMENT # N02000007933

1. Entity Name

THE GATE CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**16038 DORA AVENUE
TAVARES FL 32778**

Mailing Address
**16038 DORA AVENUE
TAVARES FL 32778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

134217369

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

**LACKEY, COLLEEN DORIS
16038 DORA AVENUE
TAVARES FL 32778**

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

SIGNATURE

Colleen D. Lackey

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

(NOTE: Registered Agent signature required when reinstating)

1/29/03

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 **PD** NAME **LACKEY, DONALD J** ☐ Delete
STREET ADDRESS **16038 DORA AVENUE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VD** NAME **HOWARD, MILTON JR** ☐ Delete
STREET ADDRESS **451 DOCTORS DRIVE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VS** NAME **HOWARD, OPAL ROSEMARIE** ☐ Delete
STREET ADDRESS **451 DOCTORS DRIVE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **TD** NAME **LACKEY, COLLEEN DORIS** ☐ Delete
STREET ADDRESS **16038 DORA AVENUE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** NAME **GUTHRIE, PAUL A** ☒ Delete
STREET ADDRESS **19624 SPRING OAK DRIVE**
CITY-ST-ZIP **EUSTIS FL 32728**

TITLE **D** NAME **DENNIS, DANIEL ARLAN** ☐ Delete
STREET ADDRESS **PO BOX 231**
CITY-ST-ZIP **MOUNT DORA FL 32756**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME **Alphina L. Porter** ☐ Change ☒ Addition
STREET ADDRESS **846 Mary Frank Ct**
CITY-ST-ZIP **Mt Dora, FL 32757**

TITLE **D** NAME **Michael C. Coe** ☐ Change ☒ Addition
STREET ADDRESS **8012 Pine Hollow Dr.**
CITY-ST-ZIP **Mt Dora, FL 32757**

TITLE **D** NAME **John M. Fox** ☐ Change ☒ Addition
STREET ADDRESS **36300 Stratford Ct.**
CITY-ST-ZIP **Grand Island, FL 32735**

TITLE **D** NAME **Michelle Johnson** ☐ Change ☒ Addition
STREET ADDRESS **1414 Wardell St #208**
CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE **D** NAME **Brenda Robinson** ☐ Change ☒ Addition
STREET ADDRESS **623 N. Bay St. #6**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **D** NAME **Sharon Snodgrass** ☐ Change ☒ Addition
STREET ADDRESS **1233 Lakeview Av**
CITY-ST-ZIP **Eustis FL 32726**

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:

Colleen D. Lackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03

552-483-1425

CR2E037 (10/02)