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

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

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

DOCUMENT # N02000007933

1. Entity Name
THE GATE CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
16038 DORA AVENUE TAVARES FL 32778	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 134217369 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LACKEY, COLLEEN DORIS 16038 DORA AVENUE TAVARES FL 32778	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 Doris Lackey — 1/29/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LACKEY, DONALD J STREET ADDRESS 16038 DORA AVENUE CITY-ST-ZIP TAVARES FL 32778	☐ Delete	TITLE D NAME Alprina L Porter STREET ADDRESS 846 Mary Frank Ct CITY-ST-ZIP Mt Dora, fl 32757	☐ Change ☒ Addition
TITLE VD NAME HOWARD, MILTON JR STREET ADDRESS 451 DOCTORS DRIVE CITY-ST-ZIP OVIEDO FL 32765	☐ Delete	TITLE D NAME Michael CoD Coe STREET ADDRESS 8012 Pine Hollow Dr. CITY-ST-ZIP Mt Dora, fl 32757	☐ Change ☒ Addition
TITLE VS NAME HOWARD, OPAL ROSEMARIE STREET ADDRESS 451 DOCTORS DRIVE CITY-ST-ZIP OVIEDO FL 32765	☐ Delete	TITLE D NAME John M. Fox STREET ADDRESS 36300 Stratford Ct. CITY-ST-ZIP Grand Island, fl 32735	☐ Change ☒ Addition
TITLE TD NAME LACKEY, COLLEEN DORIS STREET ADDRESS 16038 DORA AVENUE CITY-ST-ZIP TAVARES FL 32778	☐ Delete	TITLE D NAME Michelle Johnson STREET ADDRESS 1414 Wardell St #208 CITY-ST-ZIP Mt. Dora, fl 32757	☐ Change ☒ Addition
TITLE D NAME GUTHRIE, PAUL A STREET ADDRESS 19624 SPRING OAK DRIVE CITY-ST-ZIP EUSTIS FL 32726	☒ Delete	TITLE D NAME Brenda K Robinson STREET ADDRESS 623 N. Bay St. #6 CITY-ST-ZIP Eustis, fl 32726	☐ Change ☒ Addition
TITLE D NAME DENNIS, DANIEL ARLAN STREET ADDRESS PO BOX 231 CITY-ST-ZIP MOUNT DORA FL 32756	☐ Delete	TITLE D NAME Shawn Snodgress STREET ADDRESS 1233 Lakeview Av CITY-ST-ZIP Eustis fl 32726	☐ Change ☒ Addition

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: SIGNATURE REQUIRED Colleen Doris Lackey — COLLEEN DORIS LACKEY — 1/29/03 — 352-483-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)