

N020000007933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

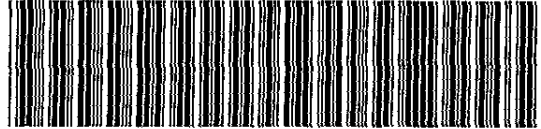
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700018814197

05/14/03--01056--019 \*\*87.50

FILED  
03 MAY 16 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N020000007933  
RARE 5/16/03  
3/2 ON

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Gate Christian Ministries, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000007933

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milton Howard Jr.

(Name of Person)

The Gate Christian Ministries, Inc.

(Name of Firm/Company)

451 Doctors Dr

(Address)

Oviedo, FL 32766

(City/State and Zip Code)

For further information concerning this matter, please call:

Milton Howard Jr.

(Name of Person)

at ( 407 ) 971-9094

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Colleen D Lackey

(Name of Registered Agent)

hereby resigns as Registered Agent for The Gate Christian Ministries, Inc.

(Name of Corporation)

N02000007933

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Colleen D. Lackey  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 MAY 16 PM 4:43

FILED

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**