2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008596

1. Entity Name

EAST GATE CHURCH OF WELLINGTON, INC.



FILED Mar 25, 2004 8:00 am Secretary of State

03-25-2004 90033 050 ****61.25

		<u> </u>										
Principal Place of Business 11863 WIMBLEDON CIRCLE #410 WELLINGTON, FL 33414				Mailing Address 11863 WIMBLEDON CIRCLE #410 WELLINGTON, FL 33414				 				
2. Principal Place of Business 3.				. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03222004	Chg-NP	CR2E0	37 (10/03)	
City & State			City & State				4. FEI Number Applied For 30-0130603 Not Applicable					
Zip Country			Zip	p Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registers				1 Agent				7. Name and A	ddress of New	Registered	Agent	
						Name						
MADORE, PAMELA 11863 WIMBLEDON CIRCLE #410 WELLINGTON, FL 33414						Street Address (P.O. Box Number is Not Acceptable)						
'n.						City				FL	Zip Code)
	named entity ions of regist	y submits this statement sered agent.	for the purpo	se of changing its i	registere	ed office or	register	ed agent, or both,	, in the State of F	iorida. I am	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if appli	cable. (NOTE:	: Registered	Agent signatu	beriuper er	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004				Election Campaign Financial Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of Sta				
10.		OFFICERS AND D	IDECTORS		11.			ADDITIONS/CHAI	NGES TO OFFIC	FRS AND D	IRECTORS IN	10
	DP	OFFICERS AND L	INECTORS					ADDITIONS/CITAL	1020 10 01110	LITO AITO D	☐ Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela S. Modore

3/22/04

561-790-1936

Daytime Phone #