2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N04000008538

Entity Name: CITYGATE COMMUNITY CHURCH INC.

Current Principal Place of Business:

817 BUGLE BRANCH WAY
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

817 BUGLE BRANCH WAY
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-1569383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EURE, DAVID F JR
817 BUGLE BRANCH WAY
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EURE, DAVID F JR
Address: 817 BUGLE BRANCH WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: T ( ) Delete
Name: NUNNERY, DOUG
Address: 817 BUGLE BRANCH WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: B ( ) Delete
Name: GARLAND, STAN
Address: 817 BUGLE BRANCH WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: B ( ) Delete
Name: HALL, STEVE
Address: BUGLE BRANCH WAY
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID EURE P 01/20/2009

Electronic Signature of Signing Officer or Director — Date