

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90330 012 ****70.00

DOCUMENT # N05000002311

1. Entity Name
**GATEWAY PENTECOSTAL MISSION UNITED HOLY
CHURCH OF AMERICA, INC.**



Principal Place of Business
**9312 7TH AVE
JACKSONVILLE, FL 32208-1416**

Mailing Address
**P.O. BOX 40272
JACKSONVILLE, FL 32203-0207**

50010415



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-2527490

Applied For

Not Applicable

Zip

Country

Zip

32203-0272

Country

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

**SQUIRE, LARRY D
411 W 16TH ST
JACKSONVILLE, FL 32206**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☐ Delete
NAME **VICKERS, CLIFFORD**
STREET ADDRESS **5291 COLLINS RD LOT 64**
CITY-ST-ZIP **JACKSONVILLE, FL 322445382**

TITLE **ST** ☐ Delete
NAME **ROSS, MINNIE L**
STREET ADDRESS **204 WOODROW ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **S** ☐ Delete
NAME **INGRAM, ODESSA A**
STREET ADDRESS **823 W 17TH ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE **TRET** ☐ Delete
NAME **VICKERS, LOUISE J**
STREET ADDRESS **5291 COLLINS RD LOT 64**
CITY-ST-ZIP **JACKSONVILLE, FL 322445382**

TITLE **T** ☐ Delete
NAME **SQUIRE, LARRY D**
STREET ADDRESS **411 W 16TH ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE **T** ☐ Delete
NAME **INGRAM, RONNIE**
STREET ADDRESS **823 W 17TH ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Larry Squire D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Squire D. 4-5-06

904632-1386