


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000002311</b>		
1. Entity Name <b>GATEWAY PENTECOSTAL MISSION UNITED HOLY CHURCH OF AMERICA, INC.</b>		
Principal Place of Business <b>9312 7TH AVE JACKSONVILLE, FL 32208-1416</b>	Mailing Address <b>P.O. BOX 40272 JACKSONVILLE, FL 32203-0272</b>	



02122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2527490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SQUAIRE, LARRY D 411 W 16TH ST JACKSONVILLE, FL 32206</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: *Larry D. Squire* Feb 12 2008  
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000832359  
02/27/08-80055-019 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICKERS, CLIFFORD 5291 COLLINS RD LOT 64 JACKSONVILLE, FL 322445382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSS, MINNIE L 204 WOODROW ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGRAM, ODESSA A 823 W 17TH ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRET VICKERS, LOUISE J 5291 COLLINS RD LOT 64 JACKSONVILLE, FL 322445382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SQUAIRE, LARRY D 411 W 16TH ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGRAM, RONNIE 823 W 17TH ST JACKSONVILLE, FL 32206

**DO NOT WRITE  
IN THIS SPACE**

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: *Clifford Vickers* 2-12-08 904-766-2016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #