

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002311

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

9312 7TH AVE
JACKSONVILLE, FL 322081416

New Principal Place of Business:

3203 N. STUART ST.
JACKSONVILLE, FL 32209

Current Mailing Address:

P.O.BOX 40272
JACKSONVILLE, FL 322030272

New Mailing Address:

FEI Number: 59-2527490 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SQUAIRE, LARRY D
411 W 16TH ST
JACKSONVILLE, FL 32206 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: VICKERS, CLIFFORD
Address: 5291 COLLINS RD LOT 64
City-St-Zip: JACKSONVILLE, FL 322445382

Title: ST () Delete
Name: ROSS, MINNIE L
Address: 204 WOODROW ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: INGRAM, ODESSA A
Address: 823 W 17TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: TRET () Delete
Name: VICKERS, LOUISE J
Address: 5291 COLLINS RD LOT 64
City-St-Zip: JACKSONVILLE, FL 322445382

Title: T () Delete
Name: SQUAIRE, LARRY D
Address: 411 W 16TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: INGRAM, RONNIE
Address: 823 W 17TH ST
City-St-Zip: JACKSONVILLE, FL 32206

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:

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: CLIFFORD VICKERS

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date