2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N06000004364

Entity Name: FLOOD GATES COMMUNITY CHURCH, INC.

Current Principal Place of Business:

28450 TALL GRASS DR.
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

15601 LAKE MAGDALENE BLVD
TAMPA, FL 33613

Current Mailing Address:

28450 TALL GRASS DR.
WESLEY CHAPEL, FL 33543

New Mailing Address:

15601 LAKE MAGDALENE BLVD
TAMPA, FL 33613

FEI Number: 20-4795332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAKE, KENTON
28450 TALL GRASS DR.
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

BRAKE, KENTON
15601 LAKE MAGDALENE BLVD
TAMPA, FL 33613 US

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: _____ 04/09/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRAKE, KENTON
Address: 28450 TALL GRASS DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: WILCOXSON, LINDA
Address: 27738 BREAKERS DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: CAMBAS, CHRISTOPHER
Address: 4603 ROE BORDEAUX
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete
Name: BRAKE, VIVIANA
Address: 28450 TALL GRASS DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BRAKE, KENTON
Address: 15601 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

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

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

Title: D (X) Change ( ) Addition
Name: BRAKE, VIVIANA
Address: 15601 LAKE MAGDALENE BLVD
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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: KENTON C. BRAKE D 04/09/2007
Electronic Signature of Signing Officer or Director — Date