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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

N11884

(6)

| GATEWAY BAPTIST CHURCH FORT MYERS, INC.   |   |          |  |                        |                |                 |   |                                       |                     |                    |  |  |
|---|---|----------|--|------------------------|----------------|-----------------|---|---------------------------------------|---------------------|--------------------|--|--|
| Principal Plac  | e of Business                                     | М        | ailing Address                                       |                        |                |                 | 10021000 001 01880 01801 10181 181/1  | HUR DIDIN <b>Gra</b> il <b>Gra</b> il | #1811 BHB           | <b>           </b> |  |  |
| 13241 COMMERCE LAKES DR.<br>FT. MYERS FL 33913<br>US  |   |          | 13241 COMMERCE LAKES DR.<br>FT. MYERS FL 33913<br>US |                        |                |                 | 3. Date incorporated or Qualified 11/04/1985  |                                       |                     |                    |  |  |
| 08  |   | US       | •  |                        |                |                 | 4. FEI Number   |                                       | Appl                | lied For           |  |  |
|   |   | · •      |  |                        |                |                 | 59-2605528_   |                                       | Not /               | Applicable         |  |  |
| _   | Place of Business                                 | <u> </u> | Mailing Address                                      |                        |                |                 | Certificate of Status Desired   |                                       | .75 Ad              |                    |  |  |
| Suite, Apt  | # elc   | 26       | Suite, Apt. #, etc.                                  |                        |                |                 | 6 Finales Occupies Financia   |                                       | ee Requ             |                    |  |  |
| 22  |   | 27       | <b>3</b>   |                        |                |                 | Election Campaign Financing     Trust Fund Contribution                                 |                                       | .00 Ma<br>Ided to F |                    |  |  |
| City & State  |   |          | City & State   |                        |                |                 | 7. Is this nonprofit corporation a ho   |                                       |                     |                    |  |  |
| 23  |   |          | 28   |                        |                |                 | ☐ Yes 🔀 No  |                                       |                     |                    |  |  |
| Zip   | Country   |          | Zip  | Counti                 | y              |                 | 8. This corporation owes or has pa  |                                       | ear Intarr          | gible              |  |  |
| 25  |   |          | 29 30  |                        |                |                 | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |                                       |                     |                    |  |  |
| 9. Name and Address of Current Registered Agent   |   |          |  |                        |                | 81 Name         |   |                                       |                     |                    |  |  |
| CONTAI  | I CO LUADY D                                      |          |  |                        |                |                 |   |                                       |                     |                    |  |  |
| GONZALES, MARK P.<br>13241 COMMERCE LAKES DR.   |   |          | 62   |                        |                | reet Addres     | Address (P.O. Box Number is Not Acceptable)   |                                       |                     |                    |  |  |
| FT. MYERS FL 33913  |   |          |  | 8:                     |                |                 | ······································  |                                       |                     |                    |  |  |
|   | 110 1 5 000 10                                    |          |  |                        | <br>           | 4               |   | lae l                                 | Tin Oa              |                    |  |  |
|   |   |          |  | 84                     | Cit            | ıy              |   | FL 85                                 | Zip Co              | ΩΘ                 |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |   |          |  |                        |                |                 |   |                                       |                     |                    |  |  |
| SIGNATURE   | Classifies transfer peinled name of regislated as | and thin | Hansilsahla (MOYE                                    | - Donletored A         | ant siar       | natura raa irad | when reinstating)   | DATE                                  |                     |                    |  |  |
| Signature, typed or printed name of registered agent and little if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS   |   |          |  |                        | ent Rift       | nature required | ADDITIONS/CHANGES TO OFFIC  |                                       | CTORS               | IN 12              |  |  |
| TITLE   | DP  |          | DELETE   | 13.<br>1.1 TITLE       |                |                 |   | ☐ Ci                                  |                     | Addition           |  |  |
| NAME  | GONZALES, MARK P.                                 |          |  | 1.2 NAME               |                |                 |   |                                       |                     |                    |  |  |
| STREET ADDRESS  | 13171 PARKLINE DR.                                |          |  | 1.3 STREE              | r adda1        | IESS            |   |                                       |                     |                    |  |  |
| CITY-ST-ZIP   | FT. MYERS FL                                      |          |  | 1.4 CITY-              | ST-ZIP         |                 |   |                                       |                     |                    |  |  |
| TITLE   | OV  |          | ☐ DELETE   | 2.1 TITLE              |                | ļ.              |   | ☐ Cr                                  | iange [             | Addition           |  |  |
| NAME  | MARCOUX, PAUL                                     |          |  | 2.2 NAME               |                |                 |   |                                       |                     |                    |  |  |
| STREET ADDRESS  | 7132 BRENTWOOD RD. S                              |          |  | 2.3 STREE              |                |                 |   |                                       |                     | l                  |  |  |
| CITY-ST-ZIP   | FT. MYERS FL                                      |          | DELETE   | 2.4 CITY-<br>3.1 TITLE | SI-ZIP         | D               | <del></del>   | X CI                                  | nancie              | Addition           |  |  |
| NAME  | KLUGE. BILL                                       |          | and a manual   | 3.2 NAME               |                | 1 -             | HN THOMPSON   | <b>42</b> V                           |                     |                    |  |  |
| STREET ADDRESS  | 3137 S.E. 22ND AVENUE                             |          |  | 3.3 STREE              | r addri        |                 | 25 HEAVEN LANE ST   | W                                     |                     |                    |  |  |
| CITY-ST-ZIP   | CAPE CORAL FL                                     |          |  | 3.4. CITY-             |                |                 | RT MYERS FL 3390  |                                       | _                   |                    |  |  |
| TITLE   | <b>T</b>  |          | DELETE   | 4.1 TITLE              |                | 1               |   |                                       | nange [             | Addition           |  |  |
| NAME  | PRATHER, BETH A.                                  |          |  | 4. 2 NAME              |                | 1               |   |                                       |                     |                    |  |  |
| STREET ADDRESS  | 11441 WATERFORD VILLAGI                           | E DR.    |  | 4.3 STREE              | I ADDRI        | ESS             |   |                                       |                     | 1                  |  |  |
| CITY-ST-ZIP   | FT. MYERS FL                                      |          |  | 4.4 CiTY-              | T-ZIP          |                 |   |                                       |                     |                    |  |  |
| TITLE   | 8   |          | X DELETE   | 5.1 TITLE              |                | S               |   | TA C                                  | iange (             | Addition           |  |  |
| NAME  | KLUGE, PAT  |          |  | 5.2 NAME               |                |                 | LENE O. WELLS   | _                                     |                     |                    |  |  |
| STREET ADDRESS  | 3137 SE 22ND AVE                                  |          |  | 5.3 STREE              |                |                 | 7 PINEBROOK DRIV  |                                       |                     | ]                  |  |  |
| CITY - ST - ZIP   | CAPE CORAL FL                                     |          | ☐ DELETE   | 5.4 CITY-              | T-ZIP          |                 | RT MYERS FL 33913   | Ch                                    | ianoe T             | M Addition         |  |  |
| TITLE .   |   |          | - OLLEHE   | 6.2 NAME               |                | D               |   |                                       | ապս կ               | - revenien         |  |  |
| STREET ADDRESS  |   |          |  | 6.3 STREE              |                |                 | VE THOMPSON   |                                       | _                   | 1                  |  |  |
| CITY-ST-ZIP   |   |          |  | 6.4 CITY-              |                | 120             | 001 VINTAGE TRACI<br>RT MYRRS FL 33915  |                                       | K                   | ļ                  |  |  |
| MLE   |   |          | L DELETE   | 6.1 TITLE              | , <u>1</u> .11 |                 |   |                                       |                     |                    |  |  |
| NAME  |   |          | ter steere   | 6.7 NAME               |                | D.              | V<br>RSS K WRLLS  | 0 لسار                                | hange               | Addition           |  |  |

6.3 STREET ADDRESS

117 PINEBROOK DRIVE

## **FILED** Feb 23 1998 8:00am Secretary of State