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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11884

1. Corporation Name

GATEWAY BAPTIST CHURCH FORT MYERS, INC.

Principal Place of Business 13241 COMMERCE LAKES DR.

Suite Ant # etc

Mailing Address

13241 COMMERCE LAKES DR.

Suite Ant # etc.

FILED Apr 23, 1999 8:00 am Secretary of State

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Applied For

| T. MYERS FL 33913 IS | FT, MYERS FL 33913 US | |
|-----------------------------|--------------------------|---|
| | | |
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed 11/04/1985 |

4. FEI Number

| 22 | | 27 | | | | 59-2605528 | - | Not Applicable |
|---|------------------------------|--------------|-------|--------------|-------------------------------------|---|-----------|--------------------------------|
| 23 | City & State | City & State | | | | 5. Certifcate of Status Desired | | \$8.75 Additional Fee Required |
| 24 | Zip Country | Zip | Co. | intry | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| 27 | 9. Name and Address of Curre | <u> </u> | 1,**1 | | | 10. Name and Address of New R | tegistere | d Agent |
| | | | | 81 | Name | | | |
| GONZALES, MARK P. 13241 COMMERCE LAKES DR. | | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | ible) | | |
| | FT. MYERS FL 33913 | | | 83 | | | | |
| | | | | 84 | City | | | 85 Zip Code |

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.

| agent, i an iarninal with, and accept the obligations of, occasion of resources | | | | | | | | | |
|--|-----------------------------|------------|--------------------|-----------------|-------|----------|------------|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS AND DIRECTOR | 13. | | | | | | | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | DV | | Change | Addition | | |
| NAME | GONZALES, MARK P. | ,. : | 1.2 NAME | WELLS, JESS K. | | | | | |
| STREET ADDRESS | 13171 PARKLINE DR. | | 1.3 STREET ADDRESS | 117 PINEBROOK I | DRIVE | | | | |
| CITY-ST-ZIP | FT. MYERS FL 33913 | નું | 1,4 CITY-ST-ZIP | FORT MYERS FL | 33907 | | | | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | MARCOUX, PAUL | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 7132 BRENTWOOD RD. S | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | FT. MYERS FL 33919 | * 1 | 2. 4 CITY+ST-ZIP | | | | | | |
| TITLE | ·D | ☐ DELETE | 3.1 TITLE | | | Change | Addition | | |
| NAME | THOMPSON, JOHN | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 7225 HEAVEN LN SW | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | FT MYERS FL 33908 | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE , | 1 | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition | | |
| NAME | Prather, beth A. | | 4.2 NAME | | | • | | | |
| STREET ADDRESS | 11441 WATERFORD VILLAGE DR. | | 4.3 STREET ADDRESS | • | | | | | |
| CITY-ST-ZIP | FT. MYERS FL 33 <u>913</u> | | 4.4 CITY-ST-ZIP | | | | | | |
| TITLE | \$ | □ DELETE | 5.1 TITLE | | | Change | ☐ Addition | | |
| NAME | WELLS, JOLENE O | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 117 PINEBROOK DR | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | FT MYERS FL 33907 | | 5.4 CITY+ST-ZIP | | | | - A 4 8'6' | | |
| TITLE | D | ☐ DELETE . | 6.1 TITLE | | | ☐ Change | Addition | | |
| NAME | THOMPSON, DAVE | | 6.2 NAME | | | | ŀ | | |
| STREET ADDRESS | 19001 VINTAGE TRACE CIR | | 6.3 STREET ADDRESS | | | | | | |
| CITY-ST-71P | FT MYERS EL 33912 | | 6.4 CITY-ST-ZIP | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: