

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N11884**

1. Entity Name

GATEWAY BAPTIST CHURCH FORT MYERS, INC.**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90165 030 ****61.25

Principal Place of Business

**13241 COMMERCE LAKES DR.
FT. MYERS FL 33913
US**

Mailing Address

**13241 COMMERCE LAKES DR.
FT. MYERS FL 33913-7956
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2605528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALES, MARK P.
13241 COMMERCE LAKES DR.
FT. MYERS FL 33913**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GONZALES, MARK P.	
STREET ADDRESS	13171 PARKLINE DR.	
CITY-ST-ZIP	FT. MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WELLS, JESS K	
STREET ADDRESS	117 PINEBROOK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	7225 HEAVEN LN SW	
CITY-ST-ZIP	FT MYERS FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	PRATHER, BETH A.	
STREET ADDRESS	11441 WATERFORD VILLAGE DR.	
CITY-ST-ZIP	FT. MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	WELLS, JOLENE O	
STREET ADDRESS	117 PINEBROOK DR	
CITY-ST-ZIP	FT MYERS FL 33913	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVE	
STREET ADDRESS	19001 VINTAGE TRACE CIR	
CITY-ST-ZIP	FT MYERS FL 33912	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-00

941-561-2550

Date

Daytime Phone #