

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90361 025 ****61.25

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DOCUMENT # N11884

1. Entity Name

GATEWAY BAPTIST CHURCH FORT MYERS, INC.

Principal Place of Business

13241 COMMERCE LAKES DR.
FT. MYERS FL 33913
US

Mailing Address

13241 COMMERCE LAKES DR.
FT. MYERS FL 33913
US

80039826



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS GONZALES, MARK P.
CITY-ST-ZIP 13171 PARKLINE DR.
FT. MYERS FL

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMPSON, JOHN
CITY-ST-ZIP 7225 HEAVEN LN SW
FT MYERS FL 33908

TITLE ☒ Delete
NAME T
STREET ADDRESS PRATHER, BETH A.
CITY-ST-ZIP 11441 WATERFORD VILLAGE DR.
FT. MYERS FL

TITLE ☐ Delete
NAME S
STREET ADDRESS WELLS, JOLENE O
CITY-ST-ZIP 117 PINEBROOK DR
FT MYERS FL 33913

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMPSON, DAVE
CITY-ST-ZIP 19001 VINTAGE TRACE CIR
FT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME T
STREET ADDRESS VAN DYKE, RUTH
CITY-ST-ZIP 8370 BAM BOO ROAD SE
FORT MYERS, FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12060 SABAL LAKES LN.
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE ☐ Change ☐ 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:

DAVID THOMPSON
David N. Thompson

04-20-01

(941) 561-8824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)