

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 029 ****61.25

DOCUMENT # N11884

1. Entity Name
GATEWAY BAPTIST CHURCH FORT MYERS, INC.



Principal Place of Business
13241 GRIFFIN DR.
FT. MYERS, FL 33913 US

Mailing Address
13241 GRIFFIN DR.
FT. MYERS, FL 33913 US



03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2605528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALES, MARK P.
13241 GRIFFIN RD.
FT. MYERS, FL 33913

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GONZALES, MARK P.
13171 PARKLINE DR.
FORT MYERS, FL 33913

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
VAN DYKE, RUTH
8370 BAMBOO ROAD SE
FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WELLS, JOLENE O
117 PINEBROOK DR
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, DAVE
12060 SABAL LAKES LN.
FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALLACE MARC
1363 STABLER LN.
FT. MYERS FL 33901

ADD

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

239-561-2550

Date

Daytime Phone #