

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N30963 (5)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF GOLDEN GATE, INC.**



Principal Place of Business: **2741 SANTA BARBARA BOULEVARD C/O MARGARET W. JERGUSON NAPLES FL 33999**  
Mailing Address: **2741 SANTA BARBARA BOULEVARD C/O MARGARET W. JERGUSON NAPLES FL 33999**

3. Date Incorporated or Qualified: **03/02/1989**  
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>65-0134693</b>	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JERGUSON, MARGARET W. 2741 SANTA BARBARA BOULEVARD NAPLES FL 33999</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Margaret W. Jerguson* (NOTE: Registered Agent signature required when reinstating) DATE: **1-22-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>LOCKHART, GEORGE, R</b>			1.2 NAME			
STREET ADDRESS	<b>1831 18TH AVENUE, N.E.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL 33964</b>			1.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WALL, JOHN</b>			2.2 NAME			
STREET ADDRESS	<b>5380 - 4TH AVE., SW</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>JERGUSON, MARGARET W.</b>			3.2 NAME			
STREET ADDRESS	<b>5321 12TH AVENUE S.W.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>JERGUSON, JOHN</b>			4.2 NAME			
STREET ADDRESS	<b>5321 - 12TH AVE., S.W.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>TRIE</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>HATCH, WALTER</b>			5.2 NAME			
STREET ADDRESS	<b>3418 17TH AVENUE SW</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WALL, JOHN</b>			6.2 NAME			
STREET ADDRESS	<b>5380 4TH AVE. SW</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL 33999</b>			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *George R. Hatch* DATE: **1-22-96** DAYTIME PHONE #: **941-455-8763**

CR2E037 (12/95)