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**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/02/1989	
4. FEI Number 65-0134693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip 34116	25 Country
28 Zip 34116	29 Country
30	

9. Name and Address of Current Registered Agent

**JERGUSON, MARGARET W.
2741 SANTA BARBARA BOULEVARD
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 34116

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOCKHART, GEORGE, R	
STREET ADDRESS	1831 18TH AVENUE, N.E.	
CITY-ST-ZIP	NAPLES FL 33964	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALL, JOHN	
STREET ADDRESS	5380 - 4TH AVE., SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JERGUSON, MARGARET W.	
STREET ADDRESS	5321 12TH AVENUE S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JERGUSON, JOHN	
STREET ADDRESS	5321 - 12TH AVE., S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HINKLE, BOB	
STREET ADDRESS	3211 11TH AVE. SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALL, JOHN	
STREET ADDRESS	5380 4TH AVE. SW	
CITY-ST-ZIP	NAPLES FL 33999	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROD Bowling
5.3 STREET ADDRESS	3647 KENT DR
5.4 CITY-ST-ZIP	NAPLES FL 34112
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	5380 Palmetto Woods Dr
6.3 STREET ADDRESS	Naples, FL 34119
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.

SIGNATURE: *Margaret W. Jerguson* **1-22-98**

CP2E037 (10/97)