

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90110 045 \*\*\*\*61.25

DOCUMENT # N30963

1. Entity Name

FIRST BAPTIST CHURCH OF GOLDEN GATE, INC.

Principal Place of Business

Mailing Address

2741 SANTA BARBARA BOULEVARD  
 C/O MARGARET W. JERGUSON  
 NAPLES FL 34116  
 US

2741 SANTA BARBARA BOULEVARD  
 C/O MARGARET W. JERGUSON  
 NAPLES FL 34116-7434  
 US

00001000



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

65-0134693

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

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

Name RICHARD GREEN  
 Street Address (P.O. Box Number is Not Acceptable)  
2270 STACIL CR  
 City NAPLES FL FL Zip Code 34109

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

*Richard D. Green*

Feb 27, 2000

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	P	<input type="checkbox"/> Delete
NAME	LOCKHART, GEORGE, R	
STREET ADDRESS	1831 18TH AVENUE, N.E.	
CITY-ST-ZIP	NAPLES FL 33964	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALL, JOHN	
STREET ADDRESS	5380 PALMETTO WOODS DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JERGUSON, MARGARET W.	
STREET ADDRESS	5321 12TH AVENUE S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CRYTZER, CYNTHIA	
STREET ADDRESS	5253 32 AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BOWLING, RON	
STREET ADDRESS	3647 KENT RD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	WALL, JOHN	
STREET ADDRESS	5380 PALMETTO WOODS DR	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD GREEN	
STREET ADDRESS	2270 STACIL CR	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HINKLE	
STREET ADDRESS	80 LGMANS DR	
CITY-ST-ZIP	NAPLES FL 34112	

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:

*George R. Lockhart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE R. LOCKHART

1-6-00 941-455-6682

Date

Daytime Phone #

CR2E037 (9/99)