

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90284 043 \*\*\*\*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  
 US

10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2741 SANTA BARBARA Blvd

2741 SANTA BARBARA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

65-0134693

Applied For

Not Applicable

Zip

34116

Country

US

Zip

34116

Country

US

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

GREEN, RICHARD  
 2270 STACIE CR  
 NAPLES FL 34109

Name  
**SHIELDS DWAYNE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2770 47TH ST SW**  
 City  
**NAPLES FL** Zip Code  
**34116**

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

*Dwayne Shields*

1-25-01

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br>LOCKHART, GEORGE, R<br>1831 18TH AVENUE, N.E.<br>NAPLES FL 33964 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>WALL, JOHN<br>5380 PALMETTO WOODS DR<br>NAPLES FL 34119          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>GREEN, RICHARD<br>2270 STACIE CR<br>NAPLES FL 34109              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR</b><br>CRYTZER, CYNTHIA<br>5253 32 AVE SW<br>NAPLES FL 34116           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR</b><br>BOWLING, RON<br>3647 KENT RD.<br>NAPLES FL 34112                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR</b><br>HINKLE, ROBERT<br>80 LAMANS DR<br>NAPLES FL 34112               | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>SHIELDS DWAYNE<br>2770 47TH ST SW<br>NAPLES FL 34116 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR</b><br>TAYLOR DON<br>440 17TH ST SW<br>NAPLES FL 34117     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*Dwayne Shields*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01 941-455-6682

CR2E037 (10/00)