

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90051 038 ****61.25

DOCUMENT # N30963

1. Entity Name

FIRST BAPTIST CHURCH OF GOLDEN GATE, INC.

Principal Place of Business

Mailing Address

**2741 SANTA BARBARA BOULEVARD
 NAPLES FL 34116
 US**

**2741 SANTA BARBARA BOULEVARD
 NAPLES FL 34116
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0134693**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIELDS, DWAYNE
 2770 47TH STREET SW
 NAPLES FL 34116**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 type="checkbox"/> Delete
NAME	SHIELDS, DWAYNE	
STREET ADDRESS	2770 47TH STREET SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CRYTZER, CYNTHIA	
STREET ADDRESS	5253 32 AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DON	
STREET ADDRESS	440 17TH STREET SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HINKLE, ROBERT	
STREET ADDRESS	80 LAMANS DR	
CITY-ST-ZIP	NAPLES FL 34112	

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	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVADOR A PONTE	
STREET ADDRESS	546 15TH ST NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT GOODACRE	
STREET ADDRESS	141 5TH ST SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)