

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90080 002 ****61.25

DOCUMENT # N30963

1. Entity Name
FIRST BAPTIST CHURCH OF GOLDEN GATE, INC.



Principal Place of Business
 2741 SANTA BARBARA BOULEVARD
 NAPLES, FL 34116 US

Mailing Address
 2741 SANTA BARBARA BOULEVARD
 NAPLES, FL 34116 US

44055000



2. Principal Place of Business

3. Mailing Address

01142004 Chg-NP CR2E037 (10/03)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registered)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
 NAME LOCKHART, GEORGE, R
 STREET ADDRESS 1831 18TH AVENUE, N.E.
 CITY-ST-ZIP NAPLES, FL 33964

TITLE Change Addition
 NAME **CLARK, HERMAN**
 STREET ADDRESS **9650-19 GREEN CYPRESS LANE**
 CITY-ST-ZIP **FT. MYERS, FL 33905**

TITLE T Delete
 NAME RODGERS, LEWIS
 STREET ADDRESS 126 3RD ST.
 CITY-ST-ZIP NAPLES, FL 341138535

TITLE Change Addition
 NAME **SHIELDS, DWAYNE**
 STREET ADDRESS **2770 47TH ST. SW**
 CITY-ST-ZIP **NAPLES, FL. 34116**

TITLE S Delete
 NAME SHIELDS, DWAYNE
 STREET ADDRESS 2770 47TH STREET SW
 CITY-ST-ZIP NAPLES, FL 34116

TITLE Change Addition
 NAME **WILLIAMS, GINNY**
 STREET ADDRESS **302 MORGAN RD**
 CITY-ST-ZIP **NAPLES, FL. 34114**

TITLE TR Delete
 NAME APONTE, SALVADOR
 STREET ADDRESS 540 15TH ST NW
 CITY-ST-ZIP NAPLES, FL 34120

TITLE Change Addition

TITLE TR Delete
 NAME GOODACRE, PAT
 STREET ADDRESS 141 5TH ST SW
 CITY-ST-ZIP NAPLES, FL 34117

TITLE Change Addition
 NAME **BRILIE, JACK**
 STREET ADDRESS **141 LOGAN BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE TR Delete
 NAME STEPHENS, FLETCHER
 STREET ADDRESS 3091 52ND ST. S.W.
 CITY-ST-ZIP NAPLES, FL 34116

TITLE Change 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 information empowered.

SIGNATURE: *Dwayne Shields* **DWAYNE SHIELDS 4-19-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document #