

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 024 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0134693	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					



04122006 Chg-NP CR2E037 (11/05)

Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	PASTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, HERMAN		NAME	Robert Boeik	
STREET ADDRESS	9650-19 GREEN CYPRESS LANE		STREET ADDRESS	8950 Colomades Ct. #813	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, DWAYNE		NAME		
STREET ADDRESS	2770 47TH ST., NW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, MELVIN		NAME		
STREET ADDRESS	7360 GLENMOOR LN		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APONTE, SALVADOR		NAME	KENNETH THERIAC	
STREET ADDRESS	540 15TH ST NW		STREET ADDRESS	16 OSAGE TRAIL	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILIE, JACK		NAME		
STREET ADDRESS	141 LOGAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, DWAYNE		NAME		
STREET ADDRESS	8770-47TH ST SW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **DWAYNE SHIELDS** 4/17/06 239-455-6682
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #