

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 018 ****61.25

DOCUMENT # N30963

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



Principal Place of Business Mailing Address

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number Applied For
65-0134693 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHIELDS, DWAYNE
2770 47TH STREET SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

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 registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOELK, ROBERT	
STREET ADDRESS	8950 COLONADES CT, # 813	
CITY-STATE-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHIELDS, DWAYNE	
STREET ADDRESS	2770 47TH ST., NW	
CITY-STATE-ZIP	NAPLES FL 34116	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, MELVIN	
STREET ADDRESS	7360 GLENMOOR LN	
CITY-STATE-ZIP	NAPLES FL 34104	
TITLE	TR	<input type="checkbox"/> Delete
NAME	THERIAC, KENNETH	
STREET ADDRESS	16 OSAGE TRL	
CITY-STATE-ZIP	NAPLES FL 34113	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BAILIE, JACK	
STREET ADDRESS	141 LOGAN BLVD	
CITY-STATE-ZIP	NAPLES FL 34119	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SHIELDS, DWAYNE	
STREET ADDRESS	8770-47TH ST SW	
CITY-STATE-ZIP	NAPLES FL 34116	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA S. CRYTZER	
STREET ADDRESS	5253 32 ND AVE SW	
CITY-STATE-ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** 3-26-07 239-455-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #