

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90210 012 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

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 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T WALL, JOHN**  
STREET ADDRESS **5380 PALMETTO WOODS DR**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE  Change  Addition  
NAME **TREASURER Lewis Rodgers**  
STREET ADDRESS **126 3rd St.**  
CITY-ST-ZIP **Naples, FL 34113-8535**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TR HINKLE, ROBERT**  
STREET ADDRESS **80 LAMANS DR**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE  Change  Addition  
NAME **FLETCHER STEPHENS**  
STREET ADDRESS **3091 52ND ST SW**  
CITY-ST-ZIP **Naples FL 34116**

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: *George R. Lockhart* **GEORGE R. LOCKHART** 1-6-03

941-455-6682

CR2E037 (10/02)