

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 008 ****61.25

DOCUMENT # N35801 1. Entity Name GATEWAY CHURCH OF CHRIST, INC.					
Principal Place of Business 245 BRENT LANE PENSACOLA, FL 32503			Mailing Address 245 BRENT LANE PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02032006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1369372				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, DAVID E JR 400 NORTH PACE BOULEVARD PENSACOLA, FL 32505			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOX, HOYT		NAME	Terry Genton	
STREET ADDRESS	3588 GARDEN VIEW ST		STREET ADDRESS	84 South 67th Avenue	
CITY - ST - ZIP	PACE, FL 32571		CITY - ST - ZIP	Pensacola, FL 32506 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, ROY		NAME		
STREET ADDRESS	3430 GERBAUD ST		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32503		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMANN, FRANK C		NAME		
STREET ADDRESS	7884 BAY MEADOWS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOBLEY, HAROLD		NAME		
STREET ADDRESS	160 W MALLORY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32501		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHANAN, FRANK		NAME		
STREET ADDRESS	7050 PINE FOREST RD		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPLES, JAMES O		NAME		
STREET ADDRESS	4135 LYNN ORA DR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32504		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: <u>James O. Caples</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/08/06 (850) 476-4466 <small>Date Daytime Phone #</small>		