


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41976</b>	
1. Entity Name <b>GATEWAY COMMUNITY CHURCH, AN EVANGELICAL FREE CHURCH, INC.</b>	

Principal Place of Business <b>1899 S TUTTLE AVE. SARASOTA, FL 34239</b>	Mailing Address <b>1899 S TUTTLE AVE. SARASOTA, FL 34239</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1542530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DITCH, RON  
5237 VENTURA AVE  
SARASOTA, FL 34235**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DITCH, RON 5237 VENTURA AVE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALM, STEPHEN 4438 VIOLET AVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONHART, ERIN 2078 RACIMO DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDS, ROB 4313 WORCESTER RD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, DARLEEN 4021 OLIVE ST. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/28/05-80068-019 61.25

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:** Erin L. Honhart **1/4/05** **(941)953-7599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #