

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44583

1. Entity Name

THE GATHERING PLACE WORSHIP CENTER BUILDING, INC

Principal Place of Business

1701 ORANGE BLVD  
SANFORD FL 32771  
US

Mailing Address

P.O. BOX 950596  
LAKE MARY FL 32795-0596

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2903464

Applied For

Not Applicable

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

KEEFAUVER, ROBERT L  
422 GRANDVIEW AVENUE NORTH  
SANFORD FL 32771

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D HINN, SAMI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	161 ACADEMY OAKS PLACE ALTAMONTE SPRINGS FL 32714	
TITLE NAME	D HINN, ERIKA G	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	161 ACADEMY OAKS PLACE ALTAMONTE SPRINGS FL 32714	
TITLE NAME	VD KEEFAUVER, ROBERT L	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	422 GRANDVIEW AVENUE NORTH SANFORD FL 32771	
TITLE NAME	D WELKER, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1129 ORANGE BOULEVARD LAKE MARY FL 32746	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90066 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0067738