


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N47238 1. Entity Name GATEWAY COMMUNITY CHURCH, INC. |  |
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| Principal Place of Business 28060 SW 4TH ST. BOYNTON BEACH, FL 33435 | Mailing Address P.O. BOX 778 BOYNTON BEACH, FL 33425-0778 |
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04032005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0300841 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

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| BORDEN, BOBBY 3545 QUENTIN AVE BOYNTON BEACH, FL 33436 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUIDA, MICHAEL 4611 LOTUS WAY BOYNTON BEACH, FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENSLEY, LES 5409 WOOD WEST DR. LAKE WORTH, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETHERICK, FRANK 3546 BARKIS AVE. BOYNTON BEACH, FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/13/05-80098-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

MICHAEL GUIDA

Date

4-10-05

Daytime Phone #

561 732 4899