

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90116 023 ****61.25

DOCUMENT # N93000005122

1. Entity Name

**GATEWAY TRINITY CHURCH OF THE EVANGELICAL
LUTHERAN CHURCH IN AMERICA, INC.**



Principal Place of Business

Mailing Address

**11381 GATEWAY BLVD.
FORT MYERS FL**

**11381 GATEWAY BLVD.
FORT MYERS FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0218796

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

**GREEN, LLOYD
11239 LAKELAND CIR
FORT MYERS FL 33913**

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
Due By May 1, 2006**

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 DP
NAME GRIFFITH, FRED ☐ Delete
STREET ADDRESS 13910 ORANGE RIVER RD
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D
NAME SHUMAN, JOHN ☒ Delete
STREET ADDRESS 10941 CHAMPIONSHIP DR
CITY-ST-ZIP FORT MYERS FL 33913

TITLE DV
NAME LADEN, SCOTT ☒ Delete
STREET ADDRESS 5651 KILKENNY CT
CITY-ST-ZIP FORT MYERS FL 33912

TITLE DS
NAME PHILLIPS, BETTIE ☐ Delete
STREET ADDRESS 13051 SILVER SANDS DR
CITY-ST-ZIP FORT MYERS FL 33913

TITLE D
NAME LIEBL, KEN ☒ Delete
STREET ADDRESS 13110 CROSS CREEK BLVD #303
CITY-ST-ZIP FORT MYERS FL 33912

TITLE DT
NAME GREEN, LLOYD ☒ Delete
STREET ADDRESS 11239 LAKELAND CIR
CITY-ST-ZIP FORT MYERS FL 33913

TITLE DV
NAME DILIBERATO, RICHARD ☐ Change ☒ Addition
STREET ADDRESS 11433 WATERFORD VILLAGE DR.
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE D
NAME MADDEN, ROBERT ☐ Change ☒ Addition
STREET ADDRESS 12330 EAGLE POINTE CIR.
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE DT
NAME LADEN, SCOTT ☒ Change ☐ Addition
STREET ADDRESS 8651 KILKENNY CT
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D
NAME PATRICK, LINDA ☐ Change ☒ Addition
STREET ADDRESS 12863 JILLIP COURT
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06 239-561-1188