

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002560

1. Entity Name

THE GATHERING PLACE WORSHIP CENTER, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90015 006 ****61.25

Principal Place of Business

1701 ORANGE BLVD.
SANFORD FL 32771
US

Mailing Address

P.O. BOX 950596
LAKE MARY FL 32795

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

59-3404761

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

HINN, SAMI G
161 ACADEMY OAKS PLACE
ALTAMONTE SPRINGS FL 32714

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	HINN, SAMI G	161 ACADEMY OAKS PLACE	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					
S	HINN, ERIKA G	161 ACADEMY OAKS PLACE	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					
VT	KEEFAUVER, ROBERT L	422 GRANDVIEW AVE. NORTH	SANFORD FL 32771	<input type="checkbox"/>					
D	WELKER, JEFF	1129 ORANGE BLVD.	LAKE MARY FL 32746	<input type="checkbox"/>					
D	MUNIZZI, RONALD	1724 PINE BAY DRIVE	LAKE MARY FL 32746	<input type="checkbox"/>					
				<input type="checkbox"/>					

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)