SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 SEP 29 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000198 (9)**

1. Corporation Name

HEAVENS GATE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
2328 CANFIELD DR. SPRING HILL FL 34609	2328 CANFIELD DR. SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-0155625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	CAMPOPIANO LEO	☐ Change ☒ Addition
NAME	FAVICHIA, REV. RAYMOND		1.2 NAME		
STREET ADDRESS	2328 CANFIELD DR.		1.3 STREET ADDRESS	10367 LEAR ST	
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FAVICHIA, JOSEPH		2.2 NAME		
STREET ADDRESS	~~2328 CANFIELD DR.~~ 14151 HATHAWAY AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~SPRING HILL FL 34609~~ 34608		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, STEVE		3.2 NAME		
STREET ADDRESS	~~2328 CANFIELD DR.~~ 2232 Gold Road		3.3 STREET ADDRESS	000002309150---7	
CITY-ST-ZIP	SPRING HILL FL 34609		3.4 CITY-ST-ZIP	-10/01/97--01098---005	
TITLE	T	☒ DELETE	4.1 TITLE	*****61.25	☐ Change ☐ Addition
NAME	HARVEY, BOB		4.2 NAME	000002309150---7	
STREET ADDRESS	2328 CANFIELD DR.		4.3 STREET ADDRESS	-10/01/97--01098---006	
CITY-ST-ZIP	SPRING HILL FL 34609		4.4 CITY-ST-ZIP	*****8.75 *****8.75	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED 9-24-97