

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000198

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** HEAVENS GATE CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

7138 LYKES ST.  
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

8149 MACKINAW RD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 59-0155625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAVICHIA, RAYMOND  
8149 MACKINAW RD  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAVICHIA, RAYMOND  
Address: 8149 MACKINAW  
City-St-Zip: SPRING HILL, FL 34613

Title: T  
Name: TITLTON, DON  
Address: 24377 LAUREL FORST TR  
City-St-Zip: BROOKSVILLE, FL 31601

Title: ST  
Name: FAVICHIA, MARGARET  
Address: 8149 MACKINAW RD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP  
Name: GATHIER, BOB  
Address: 8989 HENANDO WAY  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND FAVICHIA

P

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date