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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002192 (9)**

1. Corporation Name

LIFE GATEWAY MINISTRY OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

**1720 N.W. 12 STREET
GAINESVILLE FL 32609**

**1720 N.W. 12 STREET
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

Applied For
☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1720 NW 12 STREET**

25 **1720 NW 12 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **GAINESVILLE FL**

28 **GAINESVILLE FL**

Zip

Country

Zip

Country

24 **32609**

25 **USA**

29 **32609**

30 **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

**WHITFIELD, TED
9036 S.W. 102 TERRACE
GAINESVILLE FL 32608**

81 Name **WHITFIELD, TED (SAME)**
82 Street Address (P.O. Box Number is Not Acceptable) **SAME**
83 **SAME**
84 City **SAME 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 **NA**

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 **DT** ☐ DELETE
NAME **WHITFIELD, TED TRUSTEE**
STREET ADDRESS **9036 SW 102 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **SAME**

TITLE **D** ☐ DELETE
NAME **ROBINSON, CLEVE**
STREET ADDRESS **RT. 2 BOX 48**
CITY-ST-ZIP **MICANOPY FL 32667**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **SAME**

TITLE **D** ☐ DELETE
NAME **HINSON, RONNIE**
STREET ADDRESS **1322 SE 37 AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32641**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **SAME**

TITLE **S** ☐ DELETE
NAME **WHITFIELD, SHELLY**
STREET ADDRESS **1720 N.W. 12 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32609**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **SAME**

TITLE **P** ☐ DELETE
NAME **ROBINSON, G.E.**
STREET ADDRESS **1720 N.W. 12 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32609**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **SAME**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **TED WHITFIELD**

4/24/98 (352)334-2180

CR2E037 (10/97)