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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002192

1. Corporation Name

LIFE GATEWAY MINISTRY OF GAINESVILLE, INC.

Principal Place of Business

1720 N.W. 12 STREET
GAINESVILLE FL 32609

Mailing Address

1720 N.W. 12 STREET
GAINESVILLE FL 32609



2. Principal Place of Business

21 1720 NW 12th St Gainesville Fla 32609

2a. Mailing Address

26 Gainesville FL 32609

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

22 Suite, Apt. #, etc.

none

27 Suite, Apt. #, etc.

none

23 City & State

Gainesville Fla 32609

28 City & State

Gainesville Fla 32609

24 Zip

Country

25 Alohua

29 Zip

Country

30 Alohua

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

TITLE DT DELETED

NAME WHITFIELD, TED TRUSTEE

STREET ADDRESS 9036 SW 102 TERRACE

CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D DELETED

NAME ROBINSON, CLEVE

STREET ADDRESS RT. 2 BOX 48

CITY-ST-ZIP MICANOPY FL 32667

TITLE D DELETED

NAME HINSON, RONNIE

STREET ADDRESS 1322 SE 37 AVENUE

CITY-ST-ZIP GAINESVILLE FL 32641

TITLE S DELETED

NAME WHITFIELD, SHELLY

STREET ADDRESS 1720 N.W. 12 STREET

CITY-ST-ZIP GAINESVILLE FL 32609

TITLE P DELETED

NAME ROBINSON, G.E.

STREET ADDRESS 1720 N.W. 12 STREET

CITY-ST-ZIP GAINESVILLE FL 32609

TITLE DELETED

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99 3523756214

CR2E037 (1/98)