

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002192

1. Entity Name

LIFE GATEWAY MINISTRY OF GAINESVILLE, INC.

Principal Place of Business

1720 NW 12TH ST
GAINESVILLE FL 32609

Mailing Address

1720 NW 12TH ST
GAINESVILLE FL 32609-3492

2. Principal Place of Business

1720 NW 12th ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

City & State

Gainesville Florida

City & State

SAME

Zip

32609

Country

Alachua

Zip

same

Country

same

4. FEI Number

NOT APPLICABLE

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

Name

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

Same

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE: *G. E. ROBINSON* *1/15/00* *352* *3756214*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90034 017 ****61.25

A0009834



DO NOT WRITE IN THIS SPACE