

ANNUAL REPORT (AR)

DOCUMENT # N97000002192

1. Entity Name

LIFE GATEWAY MINISTRY OF GAINESVILLE, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

1720 NW 12TH ST
GAINESVILLE FL 32609

Mailing Address

1720 NW 12TH ST
GAINESVILLE FL 32609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAMB, TROY
1720 NW 12TH ST
GAINESVILLE FL 32609

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMB, TROY	
STREET ADDRESS	1720 NW 12TH ST	
CITY-STATE-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, CLEVE	
STREET ADDRESS	314 REDWATER LAKE RD	
CITY-STATE-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWN, SCOTT	
STREET ADDRESS	2269 NW 38 AVE	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAMB, PAMELA	
STREET ADDRESS	1720 NW 12TH ST	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, G.E.	
STREET ADDRESS	1720 N.W. 12 STREET	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000658063

03/15/07-00022-017-70-00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, PASTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 2, 2007 352-395-6214
Date Daytime Phone #