

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90107 045 ****61.25

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**

70023706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**LAMB, TROY
1720 NW 12TH ST
GAINESVILLE FL 32609**

SAME

7. Name and Address of New Registered Agent

Name **DAVID J. BRYANT**

Street Address (P.O. Box Number is Not Acceptable)
2120 NW 12TH ST

GAINESVILLE FLA 32609

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LAMB, TROY**
STREET ADDRESS **1720 NW 12TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Delete
NAME **ROBINSON, CLEVE**
STREET ADDRESS **314 REDWATER LAKE RD**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **D** ☐ Delete
NAME **CROWN, SCOTT**
STREET ADDRESS **2269 NW 38 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **ST** ☐ Delete
NAME **LAMB, PAMELA**
STREET ADDRESS **1720 NW 12TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

SIGNATURE REQUIRED

2/4/03 3523756214

CR2E037 (10/02)