

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003598

1. Entity Name

GATEWAY BAPTIST CHURCH OF TAMPA, INC.

Principal Place of Business

Mailing Address

4414 NORTH GRADY AVENUE
TAMPA FL 33614

4414 NORTH GRADY AVENUE
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2469246

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

GRECO, FRANK J ESQ.
1715 NORTHWESTSHORE BLVD.
SUITE 750
TAMPA FL 33607

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.

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 PD
NAME GARMON, L H REV.
STREET ADDRESS 2511 W MINNEHAHA ST
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE D
NAME TAYLOR, MICHAEL
STREET ADDRESS 105 S MOODY
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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

TITLE T
NAME FORD, WILLARD
STREET ADDRESS 6801 FERNFIELD CT.
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

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

TITLE D
NAME GILLET, GEORGE
STREET ADDRESS 10175 MCINTOSH ROAD
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

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

TITLE D
NAME GARMON, LLOYD S
STREET ADDRESS 4414 NORTH GRADY AVENUE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE CC
NAME HANKINS, CAROLYN
STREET ADDRESS 12413 PALM TREE DR
CITY-ST-ZIP THONOTOSASSA FL 33592 ☐ 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: *Rev. L. H. Garmon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 2002 813-8747399
Date Daytime Phone #

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90004 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)