


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90176 021 ****61.25

DOCUMENT # N97000003598 1. Entity Name GATEWAY BAPTIST CHURCH OF TAMPA, INC.					
Principal Place of Business 4414 NORTH GRADY AVENUE TAMPA FL 33614			Mailing Address 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICKLE, SCOTT REV		NAME		
STREET ADDRESS	103 PARKCREST DRIVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624-5019		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, MICHAEL		NAME		
STREET ADDRESS	105 S MOODY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33609		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, WILLARD		NAME		
STREET ADDRESS	6801 FERNFIELD CT.		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33634		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, JAMES		NAME		
STREET ADDRESS	4204 W GRAY STREET		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33609-2212		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, STEVEN		NAME		
STREET ADDRESS	1711 W FERN STREET		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33604-6335		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOYE, WILLIAM		NAME		
STREET ADDRESS	14806 N. BLVD		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33613		CITY - ST - ZIP		
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: <u>Rev. Scott A. Pickle</u> <u>Rev. Scott A. Pickle</u>			Date: <u>1-29-06</u> (813) 874-7399		