

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90054 037 \*\*\*\*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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **16137 ARMISTEAD LANE**  
CITY-ST-ZIP **ODESSA, FL. 33556**

TITLE **CC** ☒ Delete  
NAME **HANKINS, CAROLYN**  
STREET ADDRESS **12413 PALM TREE DR**  
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **MOYE, WILLIAM**  
CITY-ST-ZIP **14806 N. BOULEVARD  
TAMPA, FL 33613**

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:

*RODOLPH P. HARRISON*

January 6, 2003

813-874-7399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)