

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90765 003 ****61.25

DOCUMENT # N98000000372

1. Entity Name

STRAIGHT GATE MINISTRIES, INC.

Principal Place of Business

12509 OWENWOOD RD.
FOUNTAIN FL 32438

Mailing Address

12509 OWENWOOD RD.
FOUNTAIN FL 32438

714599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

136 Arlington Dr.
Suite, Apt. #, etc.

3. Mailing Address

136 Arlington Dr.
Suite, Apt. #, etc.

City & State

Panama City, FL
Zip 32404 Country Bay

City & State

Panama City, FL
Zip 32404 Country Bay

4. FEI Number

59-3495107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, WILLIAM H
5106 CHERRY ST.
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

136 Arlington Dr.

City

Panama City, FL

FL

Zip Code

32404

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 William H. Newton - Chairman William H. Newton 2-6-01

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

TITLE ☐ Delete
NAME **BELT, LACEY**
STREET ADDRESS **2413 VALLEY OAKS**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete
NAME **TR NOLES, CYNTHIA**
STREET ADDRESS **2906 11TH CT**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME **STEVENS, AMANDA**
STREET ADDRESS **17 A. BOB SIKES RD.**
CITY-ST-ZIP **PANAMA CITY FL 32407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: William H. Newton 2-6-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)