

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000372**

1. Entity Name

STRAIGHT GATE MINISTRIES, INC.



Principal Place of Business  
12508 ROYCE RD.  
FOUNTAIN FL 32438

Mailing Address  
12508 ROYCE RD.  
FOUNTAIN FL 32438

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

59-3495107

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  
136 ARLINGTON DR.  
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2005**

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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | T<br>BELT, LACEY<br>2413 VALLEY OAKS<br>PANAMA CITY BEACH FL 32408  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | TR<br>NOLES, CYNTHIA<br>2906 11TH CT<br>PANAMA CITY FL 32401        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | T<br>STEVENS, AMANDA<br>17 A. BOB SIKES RD.<br>PANAMA CITY FL 32407 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | U00000325112<br>04/23/05-80003-005 61.25                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*William H. Newton* William H. Newton 4-20-05 (850) 596-8362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #