


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90037 004 \*\*\*\*61.25

<b>DOCUMENT # N98000000372</b> 1. Entity Name <b>STRAIGHT GATE MINISTRIES, INC.</b>					
Principal Place of Business 12508 ROYCE RD. FOUNTAIN FL 32438			Mailing Address 12508 ROYCE RD. FOUNTAIN FL 32438		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>59-3495107</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWTON, WILLIAM H</b> <b>136 ARLINGTON DR.</b> <b>PANAMA CITY FL 32404</b>			7. Name and Address of New Registered Agent Name <u>William H Newton</u> Street Address (P.O. Box Number is Not Acceptable) <u>12508 Royce Rd.</u> City <u>Fountain</u> <b>FL</b> Zip Code <u>32438</u>		
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 title if applicable. (NOTE: Registered Agent signature required when restoring) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	T BELT, LACEY 2413 VALLEY OAKS PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TR NOLES, CYNTHIA 2906 11TH CT PANAMA CITY FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	T STEVENS, AMANDA 17 A. BOB SIKES RD. PANAMA CITY FL 32407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
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>William Newton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					