

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90028 050 ****61.25

DOCUMENT # N98000000871

1. Entity Name

THE GATHERING IN FELLOWSHIP, INC.

Principal Place of Business

4101 S. LOCKWOOD RIDGE
SARASOTA FL 34231

Mailing Address

3650 -17TH ST.
SARASOTA FL 34235

2. Principal Place of Business

3650 17th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

Country

34235

Zip

Country

4. FEI Number

65-0813459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRUBLE, DONALD W
3650 -17TH ST.
SARASOTA FL 34235

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **STEGEMANN, ROBERT W**
STREET ADDRESS **1721 NELDA LANE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **DS** ☒ Delete
NAME **STEGEMANN, AVIS**
STREET ADDRESS **1721 NELDA LANE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **DT** ☐ Delete
NAME **STRUBLE, DONALD W**
STREET ADDRESS **3650 -17TH ST.**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **D** ☐ Delete
NAME **STEVENSEN, JAMES**
STREET ADDRESS **1850 MCMULLEN BOOTH ROAD**
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **D** ☒ Delete
NAME **ROBINSON, GEORGE**
STREET ADDRESS **3600 WILLIAM PENN WAY**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/S** ☐ Change ☒ Addition
NAME **STRUBLE, PAULA A.**
STREET ADDRESS **1910 Rolling Green Circle**
CITY-ST-ZIP **Sarasota, FL 34240**

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D/T** ☐ Change ☒ Addition
NAME **Struble, Shawn D.**
STREET ADDRESS **5270 Citadel Road**
CITY-ST-ZIP **Venice, FL 34293**

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)(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:

Rev. Donald W. Struble

2/27/01

941-951-6486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)