

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001720

NIC (Am)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 049 ****61.25

1. Entity Name

~~THE BIBLE BAPTIST CHURCH OF LAKE CITY, INC.~~
Gateway Baptist Church of Lake City, Inc.

Principal Place of Business

Mailing Address

ROUTE 15, BOX 3953
 COUNTY ROAD 242
 LAKE CITY FL 32024

ROUTE 15, BOX 3953
 LAKE CITY FL 32024

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

59-3571662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD MCCALL, CHARLES
 RT. 12, BOX 942
 LAKE CITY FL 32025

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VT ☐ Delete
 NAME PETERSON, L E
 STREET ADDRESS ROUTE 12, BOX 710
 CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE ST ☐ Delete
 NAME KIRBY, FLETCHER
 STREET ADDRESS ROUTE 15, BOX 3844
 CITY-ST-ZIP LAKE CITY FL 32024

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

TITLE PT ☐ Delete
 NAME BEIL, DAVID
 STREET ADDRESS RTE 12 BOX 292
 CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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 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)(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:

Signature of Fletcher Kirby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 386-752-4606

CR2E037 (9/01)