

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90356 035 ****61.25

DOCUMENT # N99000003080

1. Entity Name

GATEWAY TRINITY CHURCH ENDURING GIFTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

11381 GATEWAY BLVD
 FORT MYERS FL 33913

11381 GATEWAY BLVD
 FORT MYERS FL 33913

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

NOT APPLICABLE

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

DORAGH, PETE
ANNIS MITCHELL COCKEY EDWARDS & ROEHN PA
12800 UNIVERSITY DRIVE
FORT MYERS FL 33907

Name

DORAGH, PETE

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

11381 GATEWAY BLVD

City

FORT MYERS

FL

Zip Code

33913

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

Pete Doragh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/8/02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **PD** ☐ Delete
 NAME **CAMPBELL, NANCY**
 STREET ADDRESS **12651 EAGLE POINT CIR.**
 CITY-ST-ZIP **FORT MYERS FL 33913**

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

TITLE **TD** ☐ Delete
 NAME **BEALS, CALVIN**
 STREET ADDRESS **11780 LAKESHIRE CT.**
 CITY-ST-ZIP **FORT MYERS FL 33913**

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

TITLE **SD** ☐ Delete
 NAME **DORAGH, PETER**
 STREET ADDRESS **12071 WEDGE DR.**
 CITY-ST-ZIP **FORT MYERS FL 33913**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **BICKNAP REQUIRED**

7/8/02 239-561-1188

CR2E037 (4/02)