

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

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90081 048 \*\*\*\*61.25

**DOCUMENT # N99000003080**

1. Entity Name

**GATEWAY TRINITY CHURCH ENDURING GIFTS  
FOUNDATION, INC.**



Principal Place of Business

**11381 GATEWAY BLVD  
FORT MYERS FL 33913**

Mailing Address

**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

**NO-T 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  
11381 GATEWAY BLVD  
FORT MYERS FL 33913**

Name

**FRED GRIFFITH**

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 **PETE DORAGH**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/1/05**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **ENGELHARDT, ROBERT**  
STREET ADDRESS **11430 MAHOGANY RUN**  
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE **SD** ☐ Change ☒ Addition  
NAME **FRED GRIFFITH**  
STREET ADDRESS **13910 ORANGE RIVER BLVD.**  
CITY-ST-ZIP **FORT MYERS, FL 33905**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fred Griffith **FRED GRIFFITH** **2/15/05** **239/931-0008**