

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004725

1. Entity Name

EASTGATE MINISTRIES, INC.

**FILED**  
May 02, 2000 8:00 am  
**Secretary of State**

05-02-2000 90061 036 \*\*\*61.25

Principal Place of Business

Mailing Address

3722 TROUT ISLAND PLACE  
MELBOURNE FL 32934

3722 TROUT ISLAND PLACE  
MELBOURNE FL 32934-8165

2. Principal Place of Business

3. Mailing Address

3567 Sandpiper Lane  
Suite, Apt. #, etc.

3567 Sandpiper Lane  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Melbourne, FL

Melbourne, FL

4. FEI Number

59-3592845

Applied For

Not Applicable

Zip

Country

Zip

Country

32935

32935

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

BANKOSKY, SUSAN W  
3722 TROUT ISLAND PLACE  
MELBOURNE FL 32934

Name

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

3567 Sandpiper Lane

City

Melbourne

FL

Zip Code

32935

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 ☐ Delete  
NAME D  
STREET ADDRESS BANKOSKY, JOHN A  
CITY-ST-ZIP 3722 TROUT ISLAND PLACE  
MELBOURNE FL 32934

TITLE ☒ Change ☐ Addition  
NAME D/P  
STREET ADDRESS BANKOSKY, JOHN A  
CITY-ST-ZIP 3722 TROUT ISLAND PL 3567 Sandpiper  
MELBOURNE, FL 32935

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BANKOSKY, SUSAN W  
CITY-ST-ZIP 3722 TROUT ISLAND PLACE  
MELBOURNE FL 32934

TITLE ☒ Change ☐ Addition  
NAME D/S/T  
STREET ADDRESS BANKOSKY, SUSAN W  
CITY-ST-ZIP 3722 TROUT ISLAND PL 3567 Sandpiper  
MELBOURNE, FL 32935

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KINKEAD, RICHARD  
CITY-ST-ZIP 3960 PEBBLECREEK RD.  
MELBOURNE FL 32935

TITLE ☒ Change ☐ Addition  
NAME D/V  
STREET ADDRESS KINKEAD, RICHARD  
CITY-ST-ZIP 3544 QUAIL TRAIL  
MELBOURNE, FL 32935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS KINKEAD, ROXANNE  
CITY-ST-ZIP 3544 QUAIL TRAIL  
MELBOURNE, FL 32935

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

SUSAN W. BANKOSKY  
Secretary/Treasurer

Date

1/6/00

321-255-9532

Daytime Phone #

CR2E037 (9/99)