

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705414

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC9065978783**

**Entity Name:** KINGDOM GATE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

535 CASSIA BLVD.  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

535 CASSIA BLVD.  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 59-1082909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FINCH, SALLY  
535 CASSIA BLVD.  
SATELLITE BEACH, FL 32937 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NICKELL, KENDALL  
Address 144 N.E. 3RD ST.  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name NICHOLAS, KIM  
Address 404 S. RAMONA AVE  
City-State-Zip: INDIALTANIC FL 32903

Title VD  
Name SZYMANSKI, DAVID  
Address 811 GLENMORE CIRCLE  
City-State-Zip: MELBOURNE FL 32901

Title S  
Name GOINS, LINDA  
Address 2739 ALGONQUIN DR.  
City-State-Zip: MELBOURNE FL 32935

Title T  
Name FINCH, SALLY  
Address 2727 N. WICKHAM ROAD - APT. 7-203  
City-State-Zip: MELBOURNE FL 32935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA GOINS

**S**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date