

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:03

DOCUMENT # **715887** (6)

1. Corporation Name
WINSTON GATEWAY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1000 79TH AVE NORTH #210 ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1969** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-1509698** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KOONS, SHIRLEY L
1000 79TH AVE NORTH #210
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent
81 Name **SHIRLEY A. TYLER**
82 Street Address (P.O. Box Number is Not Acceptable) **7801 11TH ST. N., #301**
83
84 City **ST. PETERSBURG, FL.** FL 85 Zip Code **33702-1113**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Shirley A. Tyler, President 3-2-95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	DENSMORE, MILDRED
STREET ADDRESS	7770 9TH ST. N. #109
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	PD
NAME	KOONS, SHIRLEY L
STREET ADDRESS	1000 79TH AVE N #210
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	VD
NAME	ZACZYK, HELEN A
STREET ADDRESS	7770 9TH ST. N #207
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	ESAK, BETTY
STREET ADDRESS	7801 11TH ST. N. #207
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	VD
NAME	STERENSIS, YETI
STREET ADDRESS	1001 77TH AVE N. #108
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	MCEWAN, ELOISE
STREET ADDRESS	1000 79TH AVE. N. #101
CITY-ST-ZIP	ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERALDINE MILINOWICZ	
1.3 STREET ADDRESS	7801 11TH ST. N. #104	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702-1113	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHIRLEY A. TYLER	
2.3 STREET ADDRESS	7801 11TH ST. N. #301	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702-1113	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		33702-1105
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		33702-1113
5.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALTER SPENCER	
5.3 STREET ADDRESS	1000 79TH AV. N. # 201	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702-1123	
6.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		33702-1123

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley A. Tyler 3-2-95 813-524-8633
Signature typed or printed name of signing officer or director Date Daytime Phone #
SHIRLEY A. TYLER, PRESIDENT