

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 715887 (6)**  
1. Corporation Name  
**WINSTON GATEWAY ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **01/14/1969**  
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 7601-9th St. N.**  
Suite, Apt. #, etc.: **22 Suite, Apt. #, etc. Ste C.**  
City & State: **23 St Petersburg, FL**  
City & State: **27 St Petersburg, FL**  
Zip: **24 33702** Country: **25** Zip: **29 33702** Country: **30**

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **TYLER, SHIRLEY A. 7801 11TH ST N #301 ST PETERSBURG FL 33702**  
10. Name and Address of New Registered Agent: **B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **B5 FL** **B6 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>STD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <del>DENSMORE, MILDRED</del>		1.2 NAME	
STREET ADDRESS: <del>7770 9TH ST. N. #100</del>		1.3 STREET ADDRESS	<b>5D PATRICIA WALLS</b>
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>		1.4 CITY-ST-ZIP	<b>7801 11TH ST. N. #304</b>
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>ST. PETERSBURG, FL. 33702</b>
NAME: <b>KOONS, SHIRLEY L</b>		2.2 NAME	<b>VD</b>
STREET ADDRESS: <b>1000 79TH AVE N #210</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>		2.4 CITY-ST-ZIP	<b>33702</b>
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>ZACZYK, HELEN A</b>		3.2 NAME	
STREET ADDRESS: <b>7770 9TH ST. N #207</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>		3.4 CITY-ST-ZIP	<b>33702</b>
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <del>EGAN, BETTY</del>		4.2 NAME	<b>VP WALTER SPENCER</b>
STREET ADDRESS: <del>7801 11TH ST. N. #207</del>		4.3 STREET ADDRESS	<b>1000 79TH AV. N. #201</b>
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>		4.4 CITY-ST-ZIP	<b>33702</b>
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <del>STERENSIS, YETTA</del>		5.2 NAME	<b>PD SHIRLEY TYLER</b>
STREET ADDRESS: <del>1001 77TH AVE N #100</del>		5.3 STREET ADDRESS	<b>7801 11TH ST. N. #301</b>
CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>		5.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33702</b>
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MCEWAN, ELOISE</b>		6.2 NAME	
STREET ADDRESS: <b>1000 79TH AVE. N. #101</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ST PETERSBURG, FL 00000</b>		6.4 CITY-ST-ZIP	<b>33702</b>

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 119.07(3)(k), 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: *Eloise D. McEwan* **2-20-96 813-528-8633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)