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**Jan 21 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: **7601-9TH STREET NORTH SUITE C ST. PETERSBURG FL 33702-5200 US**

3. Date Incorporated or Qualified: **01/14/1969**
3a. Date of Last Report: **02/23/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1509698		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

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	SD	<input type="checkbox"/> DELETE	1.1 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLS, PATRICIA		1.2 NAME				
STREET ADDRESS	7801 11TH STREET NORTH, #304		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP			33702	
TITLE	WB	<input type="checkbox"/> DELETE	2.1 TITLE	ST. /D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOONS, SHIRLEY L		2.2 NAME				
STREET ADDRESS	1000 79TH AVE N #210		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP			33702	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZACZYK, HELEN A		3.2 NAME	ANTHONY DEPALMER			
STREET ADDRESS	7770 9TH ST. N #207		3.3 STREET ADDRESS	1001 77TH AV. N. #105			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP			33702	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPENCER, WALTER		4.2 NAME	JEAN SPENCER			
STREET ADDRESS	1000 79TH AVENUE NORTH, #201		4.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP			33702	
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TYLER, SHIRLEY		5.2 NAME				
STREET ADDRESS	7801 11TH STREET NORTH, #301		5.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP			33702	
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCEWAN, ELOISE		6.2 NAME	ELIZABETH BLOZZON			
STREET ADDRESS	1000 79TH AVE. N. #101		6.3 STREET ADDRESS	1000 79TH AV. N. #109			
CITY-ST-ZIP	ST PETERSBURG, FL 00000		6.4 CITY-ST-ZIP			33702	

14. I do 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 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, Pres.* 1-2-97 813-528-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0149936

CR2E037 (9/96)