

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90065 001 ****61.25



DOCUMENT # 715887
1. Entity Name
WINSTON GATEWAY ASSOCIATION, INC.

Principal Place of Business: **1000 79TH AVE NORTH #210
ST PETERSBURG FL 33702**
Mailing Address: **7601 ML KING ST. N
STE. B
SAINT PETERSBURG FL 33702-5200
US**

40011000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country

4. FEI Number: **59-1509698**
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TYLER, SHIRLEY A.
7801 11TH ST N
#301
ST PETERSBURG FL 33702**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: DVP NAME: YOST, SHIRLEY STREET ADDRESS: 1001 77TH AVE. N. #201 CITY-ST-ZIP: SAINT PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE: DT NAME: WALTER, BRANDAU L STREET ADDRESS: 7801 11TH ST NORTH APT 308 CITY-ST-ZIP: SAINT PETERSBURG FL 33702-1113	<input checked="" type="checkbox"/> Delete
TITLE: DVP NAME: SHERMAN, HELEN STREET ADDRESS: 1000 79TH AVE. N. #110 CITY-ST-ZIP: SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE: PD NAME: IEAN, RUBIN STREET ADDRESS: 7770 ML KING ST. N, #102 CITY-ST-ZIP: ST PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE: DVP NAME: TYLER, SHIRLEY STREET ADDRESS: 7801 11TH STREET NORTH, #301 CITY-ST-ZIP: SAINT PETERSBURG FL 33702-1113	<input type="checkbox"/> Delete
TITLE: DS NAME: BRANDAU, SHIRLEY STREET ADDRESS: 7801 11TH ST. N #308 CITY-ST-ZIP: SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPD NAME: HERBERT LEGDS STREET ADDRESS: 7770 ML KING ST N #305 CITY-ST-ZIP: ST. PETE, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: FLORENCE EARL STREET ADDRESS: 1000 79TH AV N #108 CITY-ST-ZIP: St. Pete, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D S/T NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shirley A. Tyler VP* **1-27-05** **727-528-8633**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #