
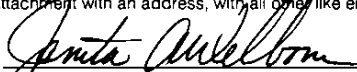


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

40033000

<b>DOCUMENT # N93000005000</b>						05-01-2007 90031 002 ***61.25	
1. Entity Name <b>GATEWAY CHURCH OF CLERMONT, INC.</b>							
Principal Place of Business 15550 CR 565 A CLERMONT, FL 34711				Mailing Address P O BOX 121081 CLERMONT, FL 34712-1081 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SATTESAHN, EDWARD C 15550 CR 565A CLERMONT, FL 34711				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SATTESAHN, EDWARD C			NAME	HOBSON, Randy		
STREET ADDRESS	13346 RAINBOW LANE			STREET ADDRESS	13014 GEORGIA AVE		
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	ASTATULA, FL 34705		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELBORN, JANITA			NAME			
STREET ADDRESS	106 SUMMERHILL CT			STREET ADDRESS			
CITY-ST-ZIP	MINNEOLA, FL 34755			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOWAN, CAROLYN D			NAME			
STREET ADDRESS	230 OVERLOOK DR			STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUINSMA, SCOTT			NAME			
STREET ADDRESS	1109 CHATEAU CIRCLE6			STREET ADDRESS			
CITY-ST-ZIP	MINNEOLA, FL 34715			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHINGS, VINCE			NAME			
STREET ADDRESS	14653 INDIAN RIDGE TRL			STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, BOB			NAME			
STREET ADDRESS	201 CRESTVIEW DR			STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Janita A Welborn				4-27-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone #			
				352-394-0394			