


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90087 015 ***150.00

DOCUMENT # P07000034439
 1. Entity Name
GATEWAY BANK OF CENTRAL FLORIDA



Principal Place of Business
 2210 S.E. 17TH STREET, SUITE 301
 OCALA, FL 34471

Mailing Address
 2210 S.E. 17TH STREET, SUITE 301
 OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
 20-5228352

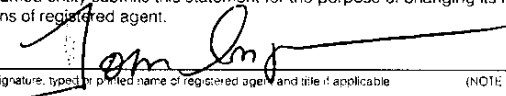
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **THOMAS D. INGRAM, CEO AND DIRECTOR**
 Street Address (P.O. Box Number is Not Acceptable)
1244 SE 7TH STREET
 City **OCALA** **FL** Zip Code **34471**

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:  **1/9/08**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

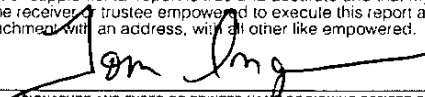
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, RICHARD L	
STREET ADDRESS	2290 SW LAUREL RUN DRIVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, FRED C	
STREET ADDRESS	8180 SE 15TH COURT	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOONE, KIRK A	
STREET ADDRESS	1729 SE 8TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, ROY T III	
STREET ADDRESS	1912 SE 7TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANSON, RUSSELL S	
STREET ADDRESS	1607 SE 13TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM, THOMAS D	
STREET ADDRESS	1244 SE 7TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, RICHARD L	
STREET ADDRESS	2290 SE LAUREL RUN DR, OCALA, FL 34471	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRIDE, RAYMOND E. III	
STREET ADDRESS	1720 SE 11TH ST., OCALA, FL 34471	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEK, ALBERT B.	
STREET ADDRESS	303 SE 15TH AVE., OCALA, FL 34471	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKAY, KENNETH H. III	
STREET ADDRESS	2334 SE FORT KING ST, OCALA, FL 34471	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, FREDERICK N. SR	
STREET ADDRESS	1107 SE 7TH ST., OCALA, FL 34471	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, trustee empowered to execute this report as required by Chapter 607, 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:  **1/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #