

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716665

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC8398233187**

**Entity Name:** THE FOUNDATION FOR FLORIDA GATEWAY COLLEGE, INC.

**Current Principal Place of Business:**

149 SE COLLEGE PLACE  
LAKE CITY, FL 32025

**Current Mailing Address:**

149 SE COLLEGE PLACE  
LAKE CITY, FL 32025 US

**FEI Number: 59-1627997**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

J MICHAEL LEE  
149 SE COLLEGE PLACE  
LAKE CITY, FL 32025 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name ADAMS, JILL  
Address 340 NW COMMERCE BLVD.  
City-State-Zip: LAKE CITY FL 32055

Title S/D  
Name WILLIAMS, MIKE  
Address P. O. BOX 300  
City-State-Zip: WHITE SPRINGS FL 32096

Title D  
Name SCAFF, ANNE  
Address 134 SE COLBURN AVE.  
City-State-Zip: LAKE CITY FL 32025

Title D  
Name POOLE, JIM  
Address 4200 NW 90TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name FOISTER, BILLY RAY  
Address 360 NW 3RD STREET  
City-State-Zip: LAKE BUTLER FL 32054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JIM POOLE**

**DIRECTOR**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date