

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005000

**Entity Name:** GATEWAY CHURCH OF CLERMONT, INC.

**Current Principal Place of Business:**

15550 CR 565 A  
CLERMONT, FL 34711

**Current Mailing Address:**

P O BOX 121081  
CLERMONT, FL 34712-1081 US

**FEI Number: 59-2966018**

**Certificate of Status Desired: Yes**

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

SATTESAHN, EDWARD C  
15550 CR 565A  
CLERMONT, FL 34711 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 PASTOR, PRESIDENT, DIRECTOR  
Name DUVALL, CHRISTOPHER T  
Address 553 JUNIPER SPRINGS DRIVE  
City-State-Zip: GROVELAND FL 34736

Title DEACON, DIRECTOR  
Name BORGES, CARMELO  
Address 506 CONURE STREET  
City-State-Zip: APOPKA FL 32712

Title SECRETARY, DEACON, DIRECTOR  
Name NIEVES, ERICK O  
Address 700 WESTVIEW DR  
City-State-Zip: MINNEOLA FL 34715

Title TREASURER, DEACON, DIRECTOR  
Name SEPULVEDA, STEVEN  
Address 2115 MEDINA HILLS LANE  
City-State-Zip: MASCOTTE FL 34753

Title DEACON, DIRECTOR  
Name CASAVANT, ROBERT E  
Address 16410 LAKESHORE DR  
City-State-Zip: MINNEOLA FL 34715

*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: CHRISTOPHER T DUVALL**

**PASTOR, PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date