

2024 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:**15550 CR 565 A
CLERMONT, FL 34711 US**FEI Number:** 59-2966018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUVALL, CHRISTOPHER T
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:** CHRISTOPHER T. DUVALL

02/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, PRESIDENT, DIRECTOR
Name DUVALL, CHRISTOPHER T
Address 802 DOLPHIN CAY WAY
City-State-Zip: GROVELAND FL 34736

Title DEACON, DIRECTOR, SECRETARY
Name SMITH, DEREK
Address 14538 INDIAN RIDGE TRAIL
City-State-Zip: CLERMONT FL 34711

Title TREASURER, DEACON, DIRECTOR
Name HUTCHINGS, LAUREN VINCENT
Address 14653 INDIAN RIDGE TRAIL
City-State-Zip: CLERMONT FL 34711

Title DEACON, DIRECTOR
Name JASON, FUQUA
Address 1703 ROSEWOOD DR
City-State-Zip: CLERMONT FL 34711

Title DEACON, DIRECTOR
Name ALDI, GARY
Address 4165 FOXHOUND DR
City-State-Zip: CLERMONT FL 34711

Title DEACON, DIRECTOR
Name STABLER, JOE
Address 3007 SANTA MARCOS DR
City-State-Zip: CLERMONT 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 DUVALL

P

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date