

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000034439

**FILED  
Mar 20, 2014  
Secretary of State  
CC8347549269**

**Entity Name:** GATEWAY BANK OF CENTRAL FLORIDA

**Current Principal Place of Business:**

1632 EAST SILVER SPRINGS BOULEVARD  
OCALA, FL 34470

**Current Mailing Address:**

1632 EAST SILVER SPRINGS BOULEVARD  
OCALA, FL 34470

**FEI Number:** 20-5228352

**Certificate of Status Desired:** No

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

DHANPAT, JANKIE  
1632 E SILVER SPRINGS BLVD  
OCALA, FL 34470 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 D  
Name MCBRIDE, RAYMOND EIII  
Address 1553 SE FORT KING ST  
City-State-Zip: Ocala FL 34471

Title D  
Name ANDREWS, RICHARD L  
Address 1741 CLATTERBRIDGE RD  
City-State-Zip: Ocala FL 34471

Title D  
Name BULLARD, BARRY  
Address 126 NW 76TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title D  
Name MACKAY, KENNETH HIII  
Address 2334 SE FORT KING STREET  
City-State-Zip: Ocala FL 34471

Title D, CHAIRMAN  
Name DALE, ROBERT  
Address 222 NE FIRST STREET  
City-State-Zip: GAINESVILLE FL 32601

Title CFO  
Name DHANPAT, JANKIE  
Address 1632 E SILVER SPRINGS BLVD  
City-State-Zip: Ocala FL 34470

Title CEO, DIRECTOR  
Name INGRAM, THOMAS  
Address 1632 E SILVER SPRINGS BLVD  
City-State-Zip: Ocala FL 34470

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANKIE DHANPAT

**CFO**

**03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date