

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT -4 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 702629

1. Corporation Name

ALDERS GATE FOUNDATION, INC.

Principal Place of Business

Mailing Address

520 EMMETT STREET  
KISSIMMEE, FLORIDA 34742

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

1962

21

26

4. FEI Number

Applied For

☒ Not Applicable

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name FRANK M. TOWNSEND

82 Street Address (P.O. Box Number Is Not Acceptable)

83 520 EMMETT STREET

84 City KISSIMMEE

FL

85 Zip Code 34742

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Frank M. Townsend*  
Signature, typed or printed name of registered agent and title if applicable.

FRANK M. TOWNSEND  
(NOTE: Registered Agent signature required when reinstating)

10/1/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME M. FRED TOMS  
STREET ADDRESS 5270 STARLINE DRIVE  
CITY-ST-ZIP ST. CLOUD, FL 34771

TITLE ☐ DELETE

NAME VICE PRESIDENT  
STREET ADDRESS DR. GEORGE GANT  
CITY-ST-ZIP 9 GUENDALE DRIVE  
KISSIMMEE, FL 34744

TITLE ☐ DELETE

NAME TREASURER  
STREET ADDRESS FRED W. HALLAUER  
CITY-ST-ZIP 4125 PLAYER CIRCLE  
ORLANDO, FL 32808

TITLE ☐ DELETE

NAME DIRECTOR  
STREET ADDRESS RAYMOND R. VATES  
CITY-ST-ZIP 1560 ASHIRE CT. No.  
TALLAHASSEE, FL 32311

TITLE ☐ DELETE

NAME DIRECTOR  
STREET ADDRESS JOE ALLEN  
CITY-ST-ZIP 813 WADDELL  
KEY WEST, FL 23040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

900003012929--1

-10/12/99--01061--004

\*\*\*\*\*70.00 \*\*\*\*\*70.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*George A. Gant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/99 (407) 8313-2016  
Date Daytime Phone #

CR2E037 (1/98)