

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708897

FILED
Jan 22, 2008
Secretary of State

Entity Name: GATEWAY RIFLE AND PISTOL CLUB, INC.

Current Principal Place of Business:

9301 ZAMBITO RD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

9301 ZAMBITO RD.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 23-7278652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS E. GUIDI, ESQUIRE
HARRIS, GUIDI, ROSNER, DUNLAP, RUDOLPH
1837 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAIG, WILLIAM A
Address: 3350 PICKWICK DR. S.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: PRESTON, CHARLES
Address: 2670 PHYLLIS STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: S () Delete
Name: BEATTIE, THOMAS A SR.
Address: 6409 AUTUMN BERRY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: BEATTIE, THOMAS A SR.
Address: 6409 AUTUMN BERRY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: KERBS, RAY
Address: 400 PEARL STREET
City-St-Zip: GREEN COVE SPRGS., FL 32043

Title: D () Delete
Name: GRAVES, JOHN
Address: 3629 DORAL CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GATLIN, FRED L
Address: 4539 ZAMBITO ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CRAIG, WILLIAM A
Address: 3350 PICKWICK DR. S.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: BEATTIE, THOMAS A SR.
Address: 10665 CROOKED TREE COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRENDA TRICKLER

MGR.

01/22/2008

Electronic Signature of Signing Officer or Director

Date