


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90187 027 \*\*\*\*61.25

<b>DOCUMENT # 714453</b>					
1. Entity Name <b>GATEWAY R/C CLUB, INC.</b>					
Principal Place of Business <b>3461 LANNIE RD JACKSONVILLE, FL 32218</b>			Mailing Address <b>3461 LANNIE RD JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2344068</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KELLER, DAVID 3461 LANNIE ROAD JACKSONVILLE, FL 32218</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, BUFORD		NAME	LANFRI, PATRICK	
STREET ADDRESS	5462 GREEN ST.		STREET ADDRESS	2305 CEDAR SHORES CIR	
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, MONTY		NAME	MCMILLAN, MONTY	
STREET ADDRESS	4805 BRIGHTON DR.		STREET ADDRESS	1612 INKBERY LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BOB		NAME	DAVIS, BOB	
STREET ADDRESS	957 ARIERA RD. W.		STREET ADDRESS	2730 HIDDEN VILLAGE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, DAVID		NAME		
STREET ADDRESS	10105 SANDLER RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32222		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWKACH, PAUL		NAME	HOWARD, BUFORD	
STREET ADDRESS	2310 MERGER CIRCLE S		STREET ADDRESS	5462 GREEN ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Keller</u> <b>DAVID KELLER</b>			Date: <u>1-10-06</u>		Daytime Phone #: <u>(904) 778-2384</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #