## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2007 8:00 am **DOCUMENT # 714453** Secretary of State 1. Entity Name 02-15-2007 90051 040 \*\*\*\*61.25 GATEWAY R/C CLUB, INC. Principal Place of Business Mailing Address 3461 LANNIE RD 3461 LANNIE RD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2344068 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLER, DAVID Street Address (P.O. Box Number is Not Acceptable) 3461 LANNIE ROAD JACKSONVILLE FL 32218 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE ☐ Delete THE ☐ Change NAME LANFRI, PATRICK NAME STREET ADDRESS STREET ADDRESS 2305 CEDAR SHORES CIR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 WILSON, KEVIN LES. 10527 OLD PLANK AD ■ Delete TITLE **Addition** MCMILLAN, MONTY NAME STREET ADDRESS 1612 INKBERRY LN STREET ADDRESS CITY ST-7IP CITY-S1-ZIP JACKSONUILE P1 32220 JACKSONVILLE FL 32259 ☐ Delete TITLE SD HITE ☐ Change Addition NAME DAVIS, BOB NAME STREET ADDRESS STREET ADDRESS 2730 HIDDEN VILLAGE DR CITY-SI-ZIP CHTY-ST-ZIP JACKSONVILLE FL 32216 HHE ☐ Delete TITLE ☐ Change ☐ Addition TD NAME NAME KELLER, DAVID STREET ADDRESS STREET ADDRESS 10105 SANDLER RD. CITY-ST-7IP CITY-ST-7IP JACKSONVILLE FL 32222 TITLE DC Delete TITLE ☐ Change ■ Addition NAME HOWARD, BUFORD NAME STREET ADDRESS STREET ADDRESS 5462 GREEN ST CITY-S1-ZIP CHY-ST-ZIP CALLAHAN RI 32011 II]LE TITLE ☐ Delete ☐ Change Addition 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 Section 119, Florida Statutos. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: \_

FILED