

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 007 ****61.25

DOCUMENT # 714453

1. Entity Name

GATEWAY R/C CLUB, INC.



Principal Place of Business

3461 LANNIE RD
JACKSONVILLE FL 32218

Mailing Address

3461 LANNIE RD
JACKSONVILLE FL 32218

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-2344068

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, DAVID
3461 LANNIE ROAD
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANFRI, PATRICK	
STREET ADDRESS	2305 CEDAR SHORES CIR	
CITY-STATE-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, KEVIN W	
STREET ADDRESS	10527 OLD PLANK RD	
CITY-STATE-ZIP	JACKSONVILLE FL 32220	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, BOB	
STREET ADDRESS	2730 HIDDEN VILLAGE DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLER, DAVID	
STREET ADDRESS	10105 SANDLER RD.	
CITY-STATE-ZIP	JACKSONVILLE FL 32222	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HOWARD, BUFORD	
STREET ADDRESS	5462 GREEN ST	
CITY-STATE-ZIP	CALLAHAN RI 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTON, RYAN S	
STREET ADDRESS	43425 KENNEDY BLVD	
CITY-STATE-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David Keller DAVID KELLER

2-3-08

(904) 778 2384