

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716665

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** THE FOUNDATION FOR FLORIDA GATEWAY COLLEGE, INC.

**Current Principal Place of Business:**

149 SE COLLEGE PLACE  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

149 SE COLLEGE PLACE  
LAKE CITY, FL 32025 US

**New Mailing Address:**

**FEI Number:** 59-1627997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

J MICHAEL LEE  
149 SE COLLEGE PLACE  
LAKE CITY, FL 32025 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/D  
Name: DOPSON, GERALD  
Address: 118 EAST MACCLENNEY AVE.  
City-St-Zip: MACCLENNEY, FL 32063

Title: S/D  
Name: ADAMS, JILL  
Address: 340 NW COMMERCE BLVD.  
City-St-Zip: LAKE CITY, FL 32055

Title: D  
Name: SCAFF, ANNE  
Address: 134 SE COLBURN AVE.  
City-St-Zip: LAKE CITY, FL 32025

Title: D  
Name: POOLE, JIM  
Address: 4200 NW 90TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: FOISTER, BILLY RAY  
Address: 360 NW 3RD STREET  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby 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 all other like empowered.

SIGNATURE: JIM POOLE

D

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date