

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724184

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ARC GATEWAY, INC.

**Current Principal Place of Business:**

ARC GATEWAY, INC.  
3932 N 10TH AVENUE  
PENSACOLA, FL 325032806 US

**New Principal Place of Business:**

**Current Mailing Address:**

ARC GATEWAY, INC.  
3932 N 10TH AVENUE  
PENSACOLA, FL 325032806 US

**New Mailing Address:**

FEI Number: 59-0940528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FASSETT, DONNA  
3932 N 10TH AVENUE  
PENSACOLA, FL 32503      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: PD ( ) Delete  
Name: BLOOM, LINDA  
Address: 4730 LAJOLLA  
City-St-Zip: PENSACOLA, FL 32504

Title: VPD ( ) Delete  
Name: MOUGEY, PETER  
Address: 501 COMMENDENCIA ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete  
Name: WALLACE, JACQUIE  
Address: 11614 CLEAR CREEK DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: ED ( ) Delete  
Name: FASSETT, DONNA  
Address: 3932 N 10TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete  
Name: ANTHONY, KATHY  
Address: 316 S. BAYLEN ST.  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: MOUGEY, PETER  
Address: 316 BAYLEN STREET, SUITE 600  
City-St-Zip: PENSACOLA, FL 32501

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

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

Title: T (X) Change ( ) Addition  
Name: WELCH, JOHN  
Address: 241 DATURA ST.  
City-St-Zip: PENSACOLA, FL 32503

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: DONNA FASSETT

Electronic Signature of Signing Officer or Director

E.D.

04/14/2009

\_\_\_\_\_ Date