

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

E.D.

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date