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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 15

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # 72511	16 (8)		l			
GATEWAY POINT, INC.						iji dada bibli b	UA DIŞK (CA)
Principal Place	of Business	Mailing Address					
H1 GARVIN ST. PUNTA GORDA FL 33950		311 GARI/IN ST. PUNTA GORDA FL 33950-5822					
				3. Date incorporated or Qualified 12/27/1972	d 3a. Da	te of Last R 03/20/19	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number			plied For
Suite, Apt. i	N etc	Suite, Apt. #, etc.		59-1514938		\$8.75	t Applicable
2	r, 010.	27		5. Certificate of Status Desired		Fee Re	
 City & State)	City & State		6. Election Campaign Financing		\$5.00	
Zip	Country	[28] Zip	Country	Trust Fund Contribution 8. This corporation has liability for	or intendible	Added t	
1	25	29	30	Florida Statutes	Yes [] No	190.032,
	9. Name and Address of Curr	ent Registered Agent	61 Name	10. Name and Address of New I	Registered a	Agent	
IOLINI O	HADI TO LICEVIN						
JOHN CHARLES HEEKIN C-101 PLAZA 566 NW OLEAN BLVD			82 Street Add	dress (P.O. Box Number is Not Accept	table)		
	IARLOTTE FL 33952		83	<u></u>			
•			84 City	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		65 Zip	Code
4 Discussion	a the ministers of Septimes C17.01	EOD and C17 1EOD Florida Ctat.	the the above period on	reporting a shorite this statement for the	FL		
il, Pursuani i	o the provisions of Sections 617.0	502 and 617.1508, Florida Statu	ites, ine above-hameo co	rporation submits this statement for the	e purpose or	changing ii	s registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was	authorized by the corpor.	ration's board of directors. I hereby acc	cept the app	ointment as	registored
office or re agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obt	ate of Florida. Such change was ligations of, Section 617.0503, F	authorized by the corporatorida Statutes.	ation's board of directors. I hereby acc	cept the app	ointment as	registored
office or re agent. I ar SIGNATURE	Signature, typed or printed name of registered s	agent and title if applicable (NC	authorized by the corporatorida Statutes. TE: Registered Agent algorature req	ration's board of directors. I hereby acc	DATE		
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SIGNATURE:

Betty J. Steffens

Daytime Phone # 0057482

941-575-806

FILED

Apr 24 1997 8:00am

Secretary of State