


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725116** (8)
1. Corporation Name
GATEWAY POINT, INC.



Principal Place of Business 311 GARVIN ST. PUNTA GORDA FL 33950	Mailing Address 311 GARVIN ST. PUNTA GORDA FL 33950-5822
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1972	3a. Date of Last Report 03/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1514938	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHN CHARLES HEekin C-101 PLAZA 566 NW OLEAN BLVD PORT CHARLOTTE FL 33952		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P - D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDORA, JOHN	1.2 NAME	
STREET ADDRESS	401C GARVIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	T - D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLA, LOUIS	2.2 NAME	
STREET ADDRESS	407-B GARVIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	S - D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFENS, BETTY	3.2 NAME	
STREET ADDRESS	409 D. GARVIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFEZ, HELEN	4.2 NAME	
STREET ADDRESS	7560 ANDREA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKER, ELLIS	5.2 NAME	
STREET ADDRESS	309-D GARVIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty J. Steffens REQUIRED Betty J. Steffens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-14-97 Daytime Phone #: 941-575-8061

CR2E037 (9/96)