

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90030 048 ****61.25

DOCUMENT # 725116

1. Entity Name
GATEWAY POINT, INC.



Principal Place of Business
**311 GARVIN ST.
PUNTA GORDA, FL 33950**

Mailing Address
**311 GARVIN ST.
PUNTA GORDA, FL 33950**

40004000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1514938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHLE, GARY A
99 NESBITT ST.
PUNTA GORDA, FL 33950**

Name **Ernest W. Sturges Jr.**

Street Address (P.O. Box Number is Not Acceptable)

701 JC Center Court, Suite 3

City **Port Charlotte**

FL

Zip Code **33954**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME **MOORE, HAROLD W** ☐ Delete
STREET ADDRESS **6729 PIN-TRAIL DR**
CITY-ST-ZIP **BRECKSVILLE, OH 44141**

TITLE ☒ Change ☐ Addition
NAME **38644 Terrell Drive**
STREET ADDRESS **North Ridgville OH 44039**
CITY-ST-ZIP

TITLE TD
NAME **CARTER, RICHARD** ☐ Delete
STREET ADDRESS **60 HAVEN WAY**
CITY-ST-ZIP **ASHLAND, MA 01721**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME **MCCLINTOCK, DONALD E** ☐ Delete
STREET ADDRESS **702 SUNSET DR**
CITY-ST-ZIP **SPENCERVILLE, OH 45887**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME **FORTIN, DENNIS**
STREET ADDRESS **68 LITTLEVILLE ROAD**
CITY-ST-ZIP **HUNTINGTON, MA 01050**

TITLE ☒ Change ☐ Addition
NAME **David Nilles**
STREET ADDRESS **N 4788 White Lake Drive**
CITY-ST-ZIP **Montello WI 53949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold W Moore **Harold W Moore President** 3/10/08 440-773-8531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #