2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725116

FILED Apr 10, 2009 Secretary of State

Entity Name: GATEWAY POINT, INC. **Current Principal Place of Business: New Principal Place of Business:** 311 GARVIN ST. PUNTA GORDA, FL 33950 **Current Mailing Address: New Mailing Address:** 311 GARVIN ST. PUNTA GORDA, FL 33950 FEI Number: 59-1514938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STURGES JR, ERNEST W 701 JC CENTÉR COURT SUITE 3 PORT CHARLOTTE, FL 33954 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOORE, HAROLD W Name: Name: 38644 TERRELL DRIVE Address: Address: City-St-Zip: NORTH RIDGEVILLE, OH 44039 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition Name: CARTER, RICHARD Name: CARTER, RICHARD Address: 60 HAVEN WAY Address: 60 HAVEN WAY City-St-Zip: ASHLAND, MA 01721 City-St-Zip: ASHLAND, MA 01721 Title: () Delete Title: () Change () Addition MCCLINTOCK, DONALD E Name: Name: Address: 702 SUNSET DR Address: City-St-Zip: SPENCERVILLE, OH 45887 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: NILLES, DAVID Name: CARTER, RICHARD 311 GARRVIN STREET #405-D Address: 4788 WHITE LAKE DRIVE Address: City-St-Zip: MONTELLO, WI 53949 City-St-Zip: PUNTA GORDA, FL 33950

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: DOROTHY M. BENNETT CAM 04/10/2009