2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #750151



1. Entity Nam GATEWA		ST CHURCH, INC	О.					0-	1-23-2007 30	0204 00.	9 01.	23	
Principal Place of Business 2601 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744			2601	Mailing Address 2601 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744				4 ប ប	, ,				
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Maifi	ng Address									
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				01172007 C	hg-NP	CR2E0	37 (12/06)			
City & State		City	City & State			50.0400700 			pplied For lot Applicable				
Zip		Country	Zip	Zip Cou		intry	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Curren	t Registere	i Agent				7. Name and Add	dress of New R	egistered .	Agent		
BARNETT	DONAL C	1				Name							
1003 SHAN	WNDA LN	l.					Street Address (P.O. Box Number is Not Acceptable)						
	·					City					Zip Coo		
										FL			
SIGNATURE .	ions of regis												
	Signature, typed	for printed name of registered age	nt and title if appl	icable. (NOT	E: Registere	d Agent signate	ure required	when reinstating)		DATE			
	Filing Fe	t or printed name of registered age the is \$61.25 May 1, 2007	nt and title if appl	9. Election Car Trust Fund C	npaign F	inancing	ure required	\$5.00 May Be Added to Fees	1	lake checi	k payable t		
10.	Filing Fe	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be	Flor	lake checi ida Depar	tment of S	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fe Due by R TR KANIA, JI 4501 ORI	De is \$61.25 May 1, 2007 OFFICERS AND CEFF ESON AVE		9. Election Car	mpaign F Contributi 11. TITLE NAM STRE	inancing on.		\$5.00 May Be Added to Fees	Flor GES TO OFFICE	lake checi ida Depar	tment of S	State	
TITLE NAME STREET ADDRESS	TR KANIA, JI 4501 ORI SAINT CL TR SUMLER, 6445 FAL	OFFICERS AND C OFFICERS AND C EFF EGON AVE LOUD, FL 34769		9. Election Car Trust Fund C	mpaign F Contribut 11. TITE NAM STRE CITY TITE NAM STRE	inancing ion. E E ET ADDRESS -ST-ZIP		\$5.00 May Be Added to Fees	Flor GES TO OFFICE	lake checi ida Depar	tment of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR KANIA, JI 4601 ORI SAINT CL TR SUMLER, 6445 FAL SAINT CL TR BOWERS 301 14TH	OFFICERS AND DEFFECTION OFFICERS AND DEFFECTION AVE. L STREET OUD, FL 34771 NOUND, FL 34771		9. Election Car Trust Fund (TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	inancing on. E E E ADDRESS -S1-ZIP E E ADDRESS -S1-ZIP		\$5.00 May Be Added to Fees	Flor GES TO OFFICE	lake checi ida Depar	RECTORS II	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR KANIA, JI 4601 ORI SAINT CL TR SUMLER, 6445 FAL SAINT CL TR BOWERS 301 14TH	OFFICERS AND DEFFECTION OFFICERS AND DEFFECTION AVE. L STREET OUD, FL 34771 NOUD, FL 34771 NOUD, FL 34771		9. Election Car Trust Fund (TITLE NAM STRE CITY TITLE NAM STRE	inancing on. E E ET ADDRESS -S1-ZIP E E ET ADDRESS -S1-ZIP E ET ADDRESS -S1-ZIP		\$5.00 May Be Added to Fees	Flor GES TO OFFICE	lake checi ida Depar	RECTORS IF Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR KANIA, JI 4601 ORI SAINT CL TR SUMLER, 6445 FAL SAINT CL TR BOWERS 301 14TH	OFFICERS AND DEFFECTION OFFICERS AND DEFFECTION AVE. L STREET OUD, FL 34771 NOUD, FL 34771 NOUD, FL 34771		9. Election Car Trust Fund (TITLE NAM STRE CITY	inancing on. E E ET ADDRESS -S1-ZIP E E ET ADORESS -S1-ZIP E E ET ADORESS -S1-ZIP E E ET ADORESS -S1-ZIP		\$5.00 May Be Added to Fees	Flor GES TO OFFICE	lake checi ida Depar	RECTORS IF Change Change Change	State N 10 Addition Addition	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Apr 23, 2007 8:00 am Secretary of State