2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2006
Secretary of State

DOCUMENT# N00000003207

Entity Name: GATEWAY CHRISTIAN CENTER, INCORPORATED

Current Principal Place of Business:

5135 NW 21ST ST.
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 597
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-3662095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, ANNE L
5135 NW 21ST ST.
GAINESVILLE, FL 32604 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: CLIFTON, FRANK PASTOR
Address: 5412 NW 158TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: CHEESBOROUGH, SHERON
Address: P.O. BOX 1262
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: CLIFTON, CURLEASE
Address: 5412 NW 158TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: BOYD, SELMA
Address: P.O. BOX 1168
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete
Name: LEE, ANNE L SECRT
Address: 4404 SW 70TH TERR.
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: POLITE, ETHEREEN
Address: 5101 NW 21ST ST.
City-St-Zip: GAINESVILLE, FL 32604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LEE, ANNE L SECRT
Address: P.O. BOX 1581
City-St-Zip: NEWBERRY, FL 32669

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNE L. LEE SECT 03/12/2006

Electronic Signature of Signing Officer or Director — Date