

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003207

FILED  
Mar 06, 2009  
Secretary of State

**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 SECR  
Address: P.O. BOX 1581  
City-St-Zip: NEWBERRY, FL 32669

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

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

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: ANNE L. LEE

SECT

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date