

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003207

FILED
Mar 23, 2010
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
Name: CLIFTON, FRANK PASTOR
Address: 5412 NW 158TH ST.
City-St-Zip: ALACHUA, FL 32615

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

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

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

Title: D
Name: LEE, ANNE L SECR
Address: P.O. BOX 1581
City-St-Zip: NEWBERRY, FL 32669

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

I hereby 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 all other like empowered.

SIGNATURE: ANNE L LEE

SECT

03/23/2010

Electronic Signature of Signing Officer or Director

Date