

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004913

Entity Name: GATEWAY PUBLIC RADIO, INC.

FILED
Jun 29, 2004
Secretary of State

Current Principal Place of Business:

803 MELTON RD
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
BAKER, FL 32531

New Mailing Address:

FEI Number: 58-2588955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, EARL R
934 HWY C-4 A
BAKER, FL 32531

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: D () Delete
Name: FLEMING, GLAYDS M
Address: 803 MELTON RD
City-St-Zip: BAKER, FL 32531

Title: STD () Delete
Name: BELCHER, LINDA S
Address: 6448 HWY 5
City-St-Zip: BRENT, AL 35034

Title: VD () Delete
Name: HICKS, COLIN R
Address: 3541 HWY 29 N
City-St-Zip: CANTONMENT, FL 32533

Title: PD () Delete
Name: THOMPSON, EARL R
Address: 954 HWY C 4-A
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: THOMPSON, RUTH H
Address: 954 HWY C4-A
City-St-Zip: BAKER, FL 32531

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUTH H. THOMPSON

D

06/29/2004

Electronic Signature of Signing Officer or Director

Date