2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004913

THOMSPON, RUTH H

954 HWY C4-A

BAKER, FL 32531

Name:

Address:

City-St-Zip:

FILED Apr 18, 2008 Secretary of State

Entity Name: GATEWAY PUBLIC RADIO, INC. **Current Principal Place of Business: New Principal Place of Business:** 803 MELTON RD **BAKER, FL 32531 Current Mailing Address: New Mailing Address:** PO BOX 189 **BAKER, FL 32531** FEI Number: 58-2588955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, EARL R 954 HWY C-4 A **BAKER, FL 32531** US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FLEMING, GLAYDS M Name: Name: Address: 803 MELTON RD Address: City-St-Zip: **BAKER, FL 32531** City-St-Zip: Title: Title: () Delete () Change () Addition Name: BELCHER, LINDA S Name: Address: 6448 HWY 5 Address: City-St-Zip: **BRENT, AL 35034** City-St-Zip: Title: VD () Delete Title: () Change () Addition HICKS, COLIN R Name: Name: 3541 HWY 29 N Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: PD () Delete Title: () Change () Addition THOMPSON, EARL R Name: Name: 954 HWY C 4-A Address: Address: City-St-Zip: **BAKER, FL 32531** City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUTH H. THOMPSON SEC 04/18/2008