

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90199 004 \*\*\*\*70.00

**DOCUMENT # N00000004913**

1. Entity Name

**GATEWAY PUBLIC RADIO, INC.**



Principal Place of Business

**803 MELTON RD  
BAKER FL 32531**

Mailing Address

**803 MELTON RD  
BAKER FL 32531**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 189**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Baker, FL**

4. FEI Number **58-2588955**

Applied For

Not Applicable

Zip

Country

**32531**

Country

**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, GLADYS M  
803 MELTON RD  
BAKER FL 32531**

Name

**Earl R. Thompson**

Street Address (P.O. Box Number is Not Acceptable)

**954 Hwy C4-A**

City

**Baker**

**FL**

Zip Code

**32531-0189**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Earl R. Thompson*

**Earl R. Thompson**

**3-20-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLEMING, GLADYS M</b>	
STREET ADDRESS	<b>803 MELTON RD</b>	
CITY-ST-ZIP	<b>BAKER FL 32531</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BELCHER, LINDA S</b>	
STREET ADDRESS	<b>6448 HWY 5</b>	
CITY-ST-ZIP	<b>BRENT-AL 35034</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HICKS, COLIN R</b>	
STREET ADDRESS	<b>3541 HWY 29 N</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, EARL R</b>	
STREET ADDRESS	<b>954 HWY C 4-A</b>	
CITY-ST-ZIP	<b>BAKER FL 32531</b>	
TITLE	<b>I</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ruth H. Thompson</b>	
STREET ADDRESS	<b>954 HWY C4-A</b>	
CITY-ST-ZIP	<b>Baker, FL 32531</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Earl R. Thompson*

**3-20-03**

**850-537-4481**

CR2E037 (10/02)