

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002619

FILED  
May 03, 2005  
Secretary of State

Entity Name: OPEN THE GATE, INC.

## Current Principal Place of Business:

PO BOX 730155  
ORMOND BEACH, FL 32173

## New Principal Place of Business:

390 HIGH ST  
BUNNELL, FL 32110

## Current Mailing Address:

PO BOX 730155  
ORMOND BEACH, FL 32173

## New Mailing Address:

390 HIGH ST  
BUNNELL, FL 32110

FEI Number: 59-3686319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

VIGLIOTTI, JACQUELYN  
1399 OLD KINGS ROAD  
HOLLY HILL, FL 32117      US

## Name and Address of New Registered Agent:

VIGLIOTTI, JACQUELYN  
390 HIGH ST  
BUNNELL, FL 32110      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: \_\_\_\_\_

05/03/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: VIGLIOTTI, JACQUELYN  
Address: PO BOX 730155  
City-St-Zip: ORMOND BEACH, FL 32173

Title: D      ( ) Delete  
Name: VIGLIOTTI, LOUIS A  
Address: PO BOX 730155  
City-St-Zip: ORMOND BEACH, FL 32173

Title: D      ( ) Delete  
Name: THOMPSON, JERRY  
Address: PO BOX 730155  
City-St-Zip: ORMOND BEACH, FL 32173

Title: D      ( ) Delete  
Name: BAUM, GERALD E  
Address: 1224 S. PENINSULA DR.  
City-St-Zip: DAYTONA BEACH, FL 32118

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: VIGLIOTTI, JACQUELYN  
Address: 390 HIGH ST  
City-St-Zip: BUNNELL, FL 32110

Title: D      (X) Change ( ) Addition  
Name: VIGLIOTTI, LOUIS A  
Address: 390 HIGH ST  
City-St-Zip: BUNNELL, FL 32110

Title: D      (X) Change ( ) Addition  
Name: THOMPSON, JERRY  
Address: 390 HIGH ST  
City-St-Zip: BUNNELL, FL 32110

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: JACQUELYN VIGLIOTTI

P

05/03/2005

Electronic Signature of Signing Officer or Director

Date