

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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CHART 1888  
\$70.00  
7/29/96  
mcd

DOCUMENT # **N01434 (2)**  
1. Corporation Name  
**GATEWAY CENTER MERCHANTS ASSOCIATION, INC.**



Principal Place of Business <b>5320 NORWOOD AVENUE JACKSONVILLE FL 32208</b>	Mailing Address <b>5300 A NORWOOD AVENUE JACKSONVILLE FL 32208 US</b>
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3. Date Incorporated or Qualified <b>02/14/1984</b>	3a. Date of Last Report <b>08/23/1995</b>
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2. Principal Place of Business 21 <b>5196 Norwood Avenue</b>	2a. Mailing Address 26 <b>5196 Norwood Avenue</b>
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4. FEI Number <b>59-1484229</b>	Applied For <input type="checkbox"/> Not Applicable
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City & State 23 <b>Jacksonville, FL</b>	City & State 27 <b>Jacksonville, FL</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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Zip 24 <b>32208</b>	Country 25	Zip 29 <b>32208</b>	Country 30
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
☐ Yes ☐ No

**FAIRCLOTH, MARK D.  
5000 A NORWOOD AVENUE  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name <b>Mark D. Faircloth</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5196 Norwood Avenue</b>
83
84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32208</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD RAFIDI, JACK YACOB</b>
STREET ADDRESS	<b>5136 NORWOOD AVENUE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MENAGED, JOE</b>
STREET ADDRESS	<b>5222 NORWOOD AVENUE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP ROONEY, DOUG</b>
STREET ADDRESS	<b>5156-A NORWOOD AVE.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>2-VP PARKER, LINDA</b>
STREET ADDRESS	<b>5156-2 NORWOOD AVE.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D OUM, JAE</b>
STREET ADDRESS	<b>8184 NORWOOD AVE.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32250</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/D</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>2-VP/D</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Linda D. Parker** 7-30-96 904-7664198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)