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

## DOCUMENT # N02000002281

1. Entity Name

GATEWAY BAPTIST ASSOCIATION TUTORIAL AND MENTORI NG PROGRAM, INC.



## **FILED** Aug 12, 2003 8:00 am Secretary of State

08-12-2003 90019 010 \*\*\*\*70.00

Principal Place 1841 W 3RD S	ce of Business ST	Mailing Address 1841 W 3RD ST	·						
JACKSONVILLE	E FL 32209	JACKSONVILLE FL 32209	9			(B. 1181) <b>(B.)</b> (1 881) AA( 88	<b>14</b> 12 <b>1</b> Deve 11 <b>50</b> 15	(A) ((A) (P=)	
2. Principal f	Place of Business	3. Mailing Address							
540 S	summer St.	540 Summe	r St.			in (1911 #2114 29111 42114 44		181 (187 188)	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			<b>X</b> 0	CHECK HERE IF MAI	KING CHANGES		
City & Stat	te sonville, Fl.	City & State Jacksonville	e, Fl.		4. FEI Number 37-14	118157	<u> </u>	oplied For ot Applicable	
Zip 32205	Country	Zip 32205	Country		5. Certificate of Sta	atus Desired 🔣	\$8.75 Add Fee Require		
	6. Name and Address of Current				7. Name and Add	ress of New Registe	red Agent		
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Jennings, vernita y 350 Champion Ct			Sti	Street Address (P.O. Box Number is Not Acceptable)					
	PARK FL 32073		-	<del></del>	<u></u>			· <del>-</del> -	
			Ci	ty	<del></del>		FL Zip Cod	e	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing	its registered of	fice or regis	tered agent, or both, in t	he State of Florida. I	am familiar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Agen	it signature requi	red when reinstating)	D/	ATE		
G.	FILE NOW: FEE IS \$61.25	9. Flection C	ampaign Financ	aina	\$5.00 May Be	Make Ci	neck Payable	to	
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	tember 10, 2003, min will be \$2	236.25 Trust Fund	d Contribution.		Added to Fees		partment of S		
After Sept				<u> </u>	Added to Fees	Florida De	partment of S	State	
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Indicated on this report or 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 of 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 attagnment with an address, with all other like empowered.

SIGNATURE: \_

GEREGALDE Elernita Y. Jennings 7/19/03 (904) 566-1259
INDED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Date Disting Phone #