

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000702

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE GATES COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

POST OFFICE BOX 3484
JACKSONVILLE, FL 32206

New Principal Place of Business:

409 CHEROKEE STREET
JACKSONVILLE, FL 32254

Current Mailing Address:

POST OFFICE BOX 3484
JACKSONVILLE, FL 32206

New Mailing Address:

409 CHEROKEE STREET
JACKSONVILLE, FL 32254

FEI Number: 07-9872437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ELLENE C
853 FERNWAY STREET
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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:

Title: EXD () Delete
Name: SMITH, ELLENE C
Address: 853 FERNWAY STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: ASD () Delete
Name: WILLIAMS, JANICE
Address: 10856 KEY HAVEN BLVD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: WRIGHT, CHERYL A
Address: 7233 OXFORDSHIRE AVENUE
City-St-Zip: JACKSONVILLE, FL 32219

Title: AS () Delete
Name: WRIGHT, JAMES
Address: 7233 OXFORDSHIRE AVENUE
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: WILLIAMS, ZORICA
Address: 7614 MELISSA COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR () Delete
Name: ORANGE, JACQUELYN
Address: 3653 AUGUST CROSSING CT
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SMITH ELLENE C.

EXD

01/22/2009

Electronic Signature of Signing Officer or Director

Date