

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012792

FILED
Sep 04, 2007
Secretary of State

Entity Name: GATEWAY OF HOPE, INC.

Current Principal Place of Business:

861 SKY RIDGE ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

861 SKY RIDGE ROAD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

ENTSUAH, JOJO
1675 LEE ROAD
WINTER PARK, FL 327892207 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR () Change (X) Addition
Name: ENTSUAH, BARBARA N
Address: 861 SKYRIDGE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: MR () Change (X) Addition
Name: WARE, DANA
Address: 17675 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DR () Change (X) Addition
Name: WILLIS, LINDA
Address: 17675 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DR () Change (X) Addition
Name: ADADEVOR, DELA
Address: 520 BRETT CLOSE
City-St-Zip: ORLANDO, FL 32808

Title: MRS () Change (X) Addition
Name: BLOODWORTH, MARY
Address: 730 LAKE CATHERINE DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MR () Change (X) Addition
Name: WAYMAN, THOMAS
Address: 3700 S. US HWY 27
City-St-Zip: CLERMONT, FL 34711

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: JOJO ENTSUAH

Electronic Signature of Signing Officer or Director

MR

09/04/2007

Date