2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000012792

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: 26-1172806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ENTSUAH, JOJO
861 SKYRIDGE ROAD
CLERMONT, FL 34711 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: DR ( ) Delete
Name: ENTSUAH, BARBARA N
Address: 861 SKYRIDGE ROAD
City-St-Zip: CLERMONT, FL 34711

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

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

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

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

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

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
Name:
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: JOJO ENTSUAH P.E. 04/15/2009

Electronic Signature of Signing Officer or Director — Date