# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N07000000724

**Entity Name:** GATEWAY TO HEAVEN CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

5000-7 NORWOOD AVE
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

5000-7 NORWOOD AVE
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number: 20-8432257** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAX CO.
50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: JONES, CARLTON D
Address: 5258-12 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: JONES, CHRISTOPHER D
Address: 5258-12 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: JONES, CORY D
Address: 5258-12 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: JONES, CASEY D
Address: 5258-12 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: JONES, CARLTON D
Address: 5000-7 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change ( ) Addition
Name: JONES, CHRISTOPHER D
Address: 5000-7 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change ( ) Addition
Name: JACKSON, RIYAN K
Address: 5000-7 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change ( ) Addition
Name: JONES, CASEY D
Address: 5000-7 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Change (X) Addition
Name: LANDRY, KAREN
Address: 5196-A NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

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: CARLTON D. JONES D 04/15/2009

Electronic Signature of Signing Officer or Director — Date