2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

1. Entity Nar	MENT # N0700000 N'S GATE FOUNDATION, IF		01-	14-2008 90090	024 ****61.25	
Principal Place of Business 4609 VINELAND RD SECOND FLOOR ORLANDO, FL 32811		Mailing Address PO BOX 617677 ORLANDO, FL 32861				
2. Principal I	Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008 Chg	-NP CR2E	E037 (12/06)
City & State		City & State		4. FEI Number 26 - 02	66 734	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of State	us Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	7. Name and Address of New Registered Agent			
1000 LEG	REGORY WESQ ION PLACE SUITE 1700 D, FL 32801		Name Street Address (P.O. Box Number is Not Acceptable)			
		City	FL Zip Code			
the obliga	e named entity submits this statement ations of registered agent.		registered office or regist		e State of Florida. Ta	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State	
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEASDALE, PAUL 4609 VINELAND RD ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change ☐ Addition

NAME STREET ADDRESS CITY-ST-ZIP	D TEASDALE, PAUL 4609 VINELAND RD ORLANDO, FL 32811	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, DANIEL 4609 VINELAND RD ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEASDALE, JAMES 4609 VINELAND RD ORLANDO, FL 32811	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, SCOTT 4609 VINELAND RD ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🔲 Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an actions a will all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE 1/11/08