

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007893

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: GATEWAY LIFE CENTRE INC.

**Current Principal Place of Business:**

130 S INDIAN RIVER DR SUITE 301  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

130 S INDIAN RIVER DR SUITE 301  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

HANCOCK, DAVID L  
1327 NORTH CENTRAL AVE  
SEBASTIAN, FL 32958 US

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

BROWN, KENNETH N  
130 S INDIAN RIVER DR SUITE 301  
FORT PIERCE, FL 34950 US

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: DR. KENNETH N BROWN LMFT

06/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LMLER, DAVID W  
Address: 1902 GREY FALCON CIRCLE  
City-St-Zip: VERO BEACH, FL 32962

Title: DVPS ( ) Delete  
Name: BROWN, KENNETH N  
Address: 5261 TREE TOP TRAIL  
City-St-Zip: FORT PIERCE, FL 34951

Title: T ( ) Delete  
Name: BROWN, KENNETH N  
Address: 5261 TREE TOP TRAIL  
City-St-Zip: FORT PIERCE, FL 34951

Title: D (X) Delete  
Name: REDDEN, TERRELL REV  
Address: 5600 MANVILLE DR  
City-St-Zip: PORT ST. LUCIE, FL 34983

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

Title: DP (X) Change ( ) Addition  
Name: BROWN, KENNETH N DR  
Address: 5261 TREE TOP TRAIL  
City-St-Zip: FORT PIERCE, FL 34951

Title: DVPS (X) Change ( ) Addition  
Name: RICK, KENDALL REV  
Address: 130 S INDIAN RIVER DR SUITE 301  
City-St-Zip: FORT PIERCE, FL 34950

Title: T (X) Change ( ) Addition  
Name: BROWN, LYNN M  
Address: 5261 TREE TOP TRAIL  
City-St-Zip: FORT PIERCE, FL 34951

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: DR. KENNETH N BROWN LMFT

DP

06/26/2009

Electronic Signature of Signing Officer or Director

Date