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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11539 (6)
1. Corporation Name
NCOA GATEWAY CHAPTER 6 4 6, INC.

Principal Place of Business 8624 BROAD ST. NEW PT. RICHEY FL 34654	Mailing Address PO BOX 121 PT RICHEY FL 34673-0121 US
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2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/10/1985	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2805700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VECE, MARSHA L
8519 YEARLING LANE
NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent

81 Name RICHARD M. ECK
82 Street Address (P.O. Box Number is Not Acceptable) 12044 WESTBAY AVE.
83
84 City NEW PORT RICHEY
85 State FL
86 Zip Code 34654

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **RICHARD M. ECK, SECRETARY** *Richard M. Eck* **4-15-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, WARD O	
STREET ADDRESS	7680 DEER FOOT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HETZ, HAROLD E	
STREET ADDRESS	13612 FRANCIS DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, WILLIAM M.	
STREET ADDRESS	9921 ISLAND HARBOR DR.	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VECE, MARSHA L	
STREET ADDRESS	8519 YEARLING LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAIRMAN
1.3 STREET ADDRESS	ROBERT L. WHITE
1.4 CITY-ST-ZIP	12922 CASA BIANCA
2.1 TITLE TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRUSTEE
2.3 STREET ADDRESS	HAROLD E. HETZ
2.4 CITY-ST-ZIP	13612 FRANCIS DR.
3.1 TITLE TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TRUSTEE
3.3 STREET ADDRESS	JOHN R. HOWARD
3.4 CITY-ST-ZIP	7242 CYPRESS DR.
4.1 TITLE STR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	RICHARD M. ECK
4.4 CITY-ST-ZIP	12044 WESTBAY AVE.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. White* **ROBERT L. WHITE** **4-15-97** **813-856-7039**
Signature, typed or printed name of signing officer or director Date

CP2E037 (9/96)