

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34854	Mailing Address PO BOX 121 PT RICHEY FL 34673-0121 US
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3. Date Incorporated or Qualified 10/10/1985		
4. FEI Number 59-2805700	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 SAME	2a SAME
22 Suite, Apt. #, etc.	2a Suite, Apt. #, etc.
23 City & State	2a City & State
24 Zip	2a Zip
25 Country	2a Country

9. Name and Address of Current Registered Agent ECK, RICHARD M 12044 WESTBAY AVE. NEW PORT RICHEY FL 34854	10. Name and Address of New Registered Agent 81 Name FRED E. NURSE 82 Street Address (P.O. Box Number is Not Acceptable) 11648 DOAKS ST. 83 84 City NEW PORT RICHEY, FL 85 Zip Code 34654
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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 **FRED E. NURSE, SECRETARY** *[Signature]* **3/23/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, ROBERT L		1.2 NAME CURTIS, WARD O.	
STREET ADDRESS 12922 CASA BIANCA		1.3 STREET ADDRESS 7680 DEER FOOT DR.	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34653	
TITLE TRD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HETZ, HAROLD E		2.2 NAME WHITE, ROBERT L.	
STREET ADDRESS 13612 FRANCIS DR.		2.3 STREET ADDRESS 12922 CASA BIANCA	
CITY-ST-ZIP HUDSON FL		2.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34654	
TITLE TRD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, JOHN R		3.2 NAME HETZ, HAROLD E.	
STREET ADDRESS 7242 CPYRESS DR		3.3 STREET ADDRESS 13612 FRANCIS DR.	
CITY-ST-ZIP NEW PORT RICHEY FL		3.4 CITY-ST-ZIP HUDSON, FL, 34667	
TITLE STR	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ECK, RICHARD M		4.2 NAME MARTIN, WILLIAM M.	
STREET ADDRESS 12044 WESTBAY AVE		4.3 STREET ADDRESS 9921 ISLAND HARBOR DR.	
CITY-ST-ZIP NEW PORT RICHEY FL		4.4 CITY-ST-ZIP PORT RICHEY, FL, 34668	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **WARD O. CURTIS** **3/23/98** **813-376-8604**

CR2E037 (10/97)