

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90042 032 ****61.25

DOCUMENT # N11539

1. Entity Name

NCOA GATEWAY CHAPTER 6 4 6, INC.

80053069



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8624 BROAD ST. NEW PT. RICHEY FL 34654	Mailing Address PO BOX 121 PT RICHEY FL 34673 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent

ORR, CYNTHIA D
11013 BENTWOOD CT
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name **MARY G. CROCKETT**

Street Address (P.O. Box Number is Not Acceptable)
10814 LA QUINTA DRIVE

City **NEW PORT RICHEY ,** **FL** Zip Code **34654**

8. 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 MARY G. CROCKETT *Mary C. Crockett* **2-28-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE VCD	<input checked="" type="checkbox"/> Delete
NAME SWITZER, FLOYD V	
STREET ADDRESS 8941 RIDGE ROAD	
CITY-ST-ZIP NEW PORT RICHEY FL 34654	
TITLE TRD	<input type="checkbox"/> Delete
NAME HETZ, HAROLD E	
STREET ADDRESS 13612 FRANCIS DR.	
CITY-ST-ZIP HUDSON FL 34667	
TITLE CD	<input checked="" type="checkbox"/> Delete
NAME ORR, KENNETH D	
STREET ADDRESS 11013 BENTWOOD CT	
CITY-ST-ZIP NEW PORT RICHEY FL 34654	
TITLE TRD	<input type="checkbox"/> Delete
NAME MARTIN, WILLIAM M.	
STREET ADDRESS 9921 ISLAND HARBOR DR	
CITY-ST-ZIP PORT RICHEY FL 34668	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE R. JOSLIN	
STREET ADDRESS 10233 MARKHAM STREET	
CITY-ST-ZIP NEW PORT RICHEY, FL. 34654	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN E. MC DONALD	
STREET ADDRESS 8835 SUNRISE LANE	
CITY-ST-ZIP NEW PORT RICHEY, FL. 34652	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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 address, with all other like empowered.

SIGNATURE: John E. McDonald **2-28-2002** **727-849-1933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)