
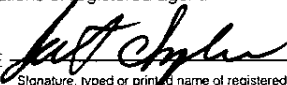


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 049 ****61.25

DOCUMENT # N11539					
1. Entity 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 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2805700	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE MATTEO, MICHAEL A 4450 FORT SHAW DRIVE NEW PORT RICHEY FL 34655			Name JAMES T. CHAMPLIN Street Address (P.O. Box Number is Not Acceptable) 10712 IPSWICH CT. City PORT RICHEY, FL Zip Code 34668		
DELETE					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		JAMES T. CHAMPLIN, Secretary		2 - 12 - 2004	
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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD <input type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOSLIN, LEE R	NAME			
STREET ADDRESS	10233 MARKHAM STREET	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	CITY-ST-ZIP			
TITLE	TRD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIZZO, PAUL J	NAME			
STREET ADDRESS	11438 TEE TIME CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MC DONALD, JOHN E	NAME			
STREET ADDRESS	8835 SUNRISE LANE	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	CITY-ST-ZIP			
TITLE	TRD <input checked="" type="checkbox"/> Delete	TITLE	TRD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAMPLIN, ROBERT R	NAME	CHAMPLIN, JAMES T.		
STREET ADDRESS	7107 PICOTEE COURT	STREET ADDRESS	10712 IPSWICH CT.		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	PORT RICHEY, FL. 34668		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 - 12 - 2004 727-849-1933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	