


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90014 044 \*\*\*\*61.25

<b>DOCUMENT # N11539</b>					
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	
6. Name and Address of Current Registered Agent  CHAMPLIN, JAMES T 10712 IPSWICH CT PORT RICHEY FL 34668			7. Name and Address of New Registered Agent Name <u>N/A</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code		
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 <u>JAMES T. CHAMPLIN, Secretary</u>		<u>[Signature]</u>		DATE <u>2/20/06</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <u>check #317 02/20/06</u>		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOSLIN, LEE R 10233 MARKHAM STREET NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RIZZO, PAUL J 11438 TEE TIME CIRCLE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input checked="" type="checkbox"/> Delete MC DONALD, JOHN E 8835 SUNRISE LANE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES T. CHAMPLIN 10712 Ipswich Ct. Port Richey, FL 34668		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input type="checkbox"/> Delete WILLIAMS, WESSON B 5250 MILLER BAYOU PORT RICHEY FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES C. FAUNCE 15021 BEELER AVE Hudson FL 34667 3833		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: LEE R. JOSLIN, Chairman/Director [Signature] 2/20/06 722-849-1833