

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90024 032 \*\*\*\*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 - No P.O. Box # 8624 BROAD ST.		3. Mailing Address PO Box 121	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PORT R	
City & State New Port Richey, Fl		City & State Port Richey, Fl	
Zip 34654		Country PASCO	
Zip 34673		Country PASCO	
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 PAUL J. RIZZO Street Address (P.O. Box Number is Not Acceptable) 11438 Tee Time Circle 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Paul J. Rizzo</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/21/08</u>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	CD KARAVITES, THOMAS J 7832 STARFIRE WAY 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD BROWER, ARNOLD 7134 POTOMAC DR PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD Hyde, Lionel J. 1162 Remington Dr. New Port Richey, Fl 34656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD HYDE, LIONEL J 9162 REMINGTON DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD ART Pickett 8689 Fox Hollow Dr. Port Richey, Fl 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD SMITH, ROY 7215 RIDGE RD PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD Lee Joslin 10233 Markham St. NPR Fl 34654 <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	<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 Chapter 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: <u>Paul J. Rizzo</u>		Date <u>1/21/08</u> Daytime Phone # <u>727-849-1933</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date	