

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90115 002 ****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

Zip

Country

Zip

Country

4. FEI Number **59-2805700**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROCKETT, MARY C
10814 LA QUINTA DRIVE
NEW PORT RICHEY FL 34654**

Delete.

Name **MICHAEL A. De MATTEO**

Street Address (P.O. Box Number is Not Acceptable)

4450 FORT SHAW DR.

City

NEW PORT RICHEY,

FL

Zip Code
34655

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 *Michael A. De Matteo* **MICHAEL A. De MATTEO**

2-28-2003

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.

\$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** Delete
NAME **JOSLIN, LEE R**
STREET ADDRESS **10233 MARKHAM STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRD** Delete
NAME **HETZ, HAROLD E**
STREET ADDRESS **13612 FRANCIS DR.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **TRD** Change Addition
NAME **RIZZO, PAUL J.**
STREET ADDRESS **11438 TEE TIME CIR**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34654**

TITLE **CD** Delete
NAME **MC DONALD, JOHN E**
STREET ADDRESS **8835 SUNRISE LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRD** Delete
NAME **MARTIN, WILLIAM M.**
STREET ADDRESS **9921 ISLAND HARBOR DR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **TRDD** Change Addition
NAME **CHAMPLIN, ROBERT R.**
STREET ADDRESS **7107 PICOTEE CT.**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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* **JOHN E. McDONALD**

2-28-2003 727-849-1933

CFR2E037 (10/02)