
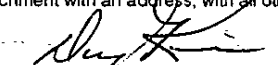


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90032 015 \*\*\*\*61.25

<b>DOCUMENT # N19366</b> 1. Entity Name <b>THE GATHERING/USA, INC.</b>					
Principal Place of Business <b>934 N. MAGNOLIA AVE.</b> <b>SUITE 200</b> <b>ORLANDO FL 32803</b>			Mailing Address <b>106 EAST CHURCH STREET</b> <b>ORLANDO FL 32801</b>		
2. Principal Place of Business <b>106 E. Church St</b>		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State  		4. FEI Number <b>59-2810392</b>	
Zip <b>32801</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KREIDER, DAVID L CEO</b> <b>106 EAST CHURCH STREET</b> <b>ORLANDO FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOLSON, JOHN 934 N. MAGNOLIA AVE, SUITE 200 ORLANDO FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREIDER, DAVID L. 934 N. MAGNOLIA AVE, SUITE 200 ORLANDO FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KREIDER, DOUG 934 N. MAGNOLIA AVE, SUITE 200 ORLANDO FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSERMAN, RICK 1701 SPRING LAKE DRIVE ORLANDO FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, CRAIG 246 N. WESTMONTE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, FRED 1320 POINSETTOA AVENUE ORLANDO FL 32804	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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.					
<b>SIGNATURE:</b>  <b>Doug Kreider</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>1/31/05</b></span> <span><b>407 422-9200</b></span> </div>					
<small>Date Daytime Phone #</small>					