

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35801

FILED
Jan 08, 2009
Secretary of State

Entity Name: GATEWAY CHURCH OF CHRIST, INC.

Current Principal Place of Business:

245 BRENT LANE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

245 BRENT LANE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-1369372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, DAVID E JR
400 NORTH PACE BOULEVARD
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GENTON, TERRY
Address: 84 SOUTH 67TH AVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: KELLEY, ROY
Address: 3430 GERBAUD ST
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: THOMANN, FRANK C
Address: 7884 BAY MEADOWS DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: MOBLEY, HAROLD
Address: 160 W MALLORY
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: BUCHANAN, FRANK,
Address: 7050 PINE FOREST RD
City-St-Zip: PENSACOLA, FL

Title: DS () Delete
Name: CAPLES, JAMES O
Address: 4135 LYNN ORA DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLSEN, OLE J
Address: 2956 CORAL STRIP PKWY.
City-St-Zip: GULF BREEZE, FL 32563

Title: DP (X) Change () Addition
Name: THOMANN, FRANK C
Address: 7884 BAY MEADOWS DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES O. CAPLES

DS

01/08/2009

Electronic Signature of Signing Officer or Director

Date