

**FILE NOW: FILING FEE AFTER MAY-1 IS \$155.00**

**APPROVED AND FILED**

95 APR -7 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N38048** (7)  
1. Corporation Name  
**THE GATEWAY CHILDREN'S SHELTER, INC.**

Principal Place of Business Mailing Address

**GATEWAY** **BOBBIE KAHLER**  
**211 S. MISSOURI** **10647 BARDES CT.**  
**CLEARWATER FL 34616** **LARGO FL 34647**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 29 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **06/02/1994**

4. FEI Number **59-3019834** Applied For (Not Applicable)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**KAHLER, BOBBIE**  
**10647 BARDES CT.**  
**LARGO FL 34647**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D P
NAME	KAHLER, BOBBIE
STREET ADDRESS	10647 BARDES CT.
CITY - ST - ZIP	LARGO FL 34647
TITLE	D
NAME	RILLING, PATRICIA
STREET ADDRESS	129 N FT HARRISON AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	DV
NAME	METZ, MARGARET
STREET ADDRESS	129 N FT HARRISON AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	DT
NAME	VAUGHN, MARY
STREET ADDRESS	400 N FT HARRISON AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	DP
NAME	TIMMES, MARK
STREET ADDRESS	129 N FT HARRISON AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	DS
NAME	HANCOCK, MOLLY MRS
STREET ADDRESS	129 N. FT. HARRISON AVE.
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	1. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Bobbie Kahler	
1.3 STREET ADDRESS		10647 Bardes Ct.	
1.4 CITY - ST - ZIP		Largo, FL 34647	
2.1 TITLE	D	Mrs. Karen Seel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		129 N. Ft. Harrison Ave	
2.3 STREET ADDRESS		Clearwater, FL 34615	
2.4 CITY - ST - ZIP			
3.1 TITLE	D	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		same	
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	D	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		same	
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobbie Kahler Bobbie Kahler 1-22-95 813 392-3552