

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified: **05/07/1990**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21 **211 S. Missouri**
22 Suite, Apt. #, etc.
23 **Clearwater, Fl.**
24 **34616**
25 Country
26 **SAME**
27 Suite, Apt. #, etc.
28 **SAME**
29 Zip
30 Country

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**
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
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Bobbie Kehler, President* DATE: **1-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: KAHLER, BOBBIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10647 BARDES CT.	CITY-ST-ZIP: LARGO FL	1.2 NAME	
TITLE: D	NAME: SEEL, KAREN	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 129 N. FT. HARRISON AVENUE	CITY-ST-ZIP: CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE: VP	NAME: METZ, MARGARET	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 129 N FT HARRISON AVE	CITY-ST-ZIP: CLEARWATER FL	2.2 NAME	
TITLE: TD	NAME: VAUGHN, MARY	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 400 N FT HARRISON AVE	CITY-ST-ZIP: CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE:	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: Dottie Fischer	
TITLE:	NAME:	4.3 STREET ADDRESS: 3023 Gull Road	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP: Clearwater, Fl. 34622	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS: 900001809339	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: -05/06/96--01066--003	
TITLE:	NAME:	6.1 TITLE: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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 119.07(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 Kehler* DATE: **1-22-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Bobbie Kehler** Day/Time Phone #: **813-397-**

CR2E037 (12/95)