

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N47238

1. Entity Name
GATEWAY COMMUNITY CHURCH, INC.



Principal Place of Business
**2860 SW 4TH ST.
BOYNTON BEACH, FL 33435**

Mailing Address
**P.O. BOX 778
BOYNTON BEACH, FL 33425-0778**



03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0300841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BORDEN, BOBBY
3545 QUENTIN AVE
BOYNTON BEACH, FL 33436**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000863379

04/03/08-80088-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORDEN, BOBBY
STREET ADDRESS	3545 QUENTIN AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	D
NAME	ALVAROE, JACKIE
STREET ADDRESS	312 FAIRWAY CT
CITY-ST-ZIP	ATLANTIS, FL 33462

TITLE	D
NAME	TUBB, KERMIT
STREET ADDRESS	512 SW 22ND ST
CITY-ST-ZIP	BOYNTON BEACH, FL 33426

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Bobby Borden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby Borden

3-16-08 561-737 4326
Date Daytime Phone #