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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # **N92000000937 (4)**

1. Corporation Name
GATEWAY AREA COMMERCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4900-G CREEKSIDE DRIVE CLEARWATER FL 34620 US	4900-G CREEKSIDE DRIVE CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3165890 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LARSON, SHIRLEY A
4900-G CREEKSIDE DRIVE
SUITE 190
CLEARWATER FL 34620

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	CAPPADORO, JILL	12 NAME	D Veghte, Bruce B.
STREET ADDRESS	14840-49TH STREET N.	13 STREET ADDRESS	2575 Ulmerton Road, Suite 303
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	SD	21 TITLE	☐ Change ☒ Addition
NAME	COOK, PHILIP	22 NAME	D Jefferies, Stephen
STREET ADDRESS	6025-4TH STREET N.	23 STREET ADDRESS	5555 Roosevelt Blvd.
CITY-ST-ZIP	ST. PETERSBURG FL 33703	24 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DICKSON, JAMES L	32 NAME	
STREET ADDRESS	13577 FEATHER SOUND DRIVE, SUITE 190	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	LARSON, SHIRLEY A	42 NAME	
STREET ADDRESS	4900-G CREEKSIDE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	CONTAKOS, NICK	52 NAME	
STREET ADDRESS	15500 NORTH EVERGREEN	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, SYLVIA J	62 NAME	
STREET ADDRESS	15500 NORTH EVERGREEN	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	64 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)(i), 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: _____ Director 3-20-95 813-573-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. James Dickson

0066436