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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000005800 (7)

1. Corporation Name

GATEWAY OF ABUNDANT LIFE SYSTEMS, INC.



Principal Place of Business

Mailing Address

14612 NW 13TH ROAD  
MIAMI FL 33167

14612 NW 13TH ROAD  
MIAMI FL 33167-1114

3. Date Incorporated or Qualified  
11/21/1994

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 14612 NW 13th Rd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami, FL

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 33167

25 USA

29

30

4. FEI Number  
65-0556448

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

10. Name and Address of New Registered Agent

RYAN, NOLVA  
14612 NW 13TH ROAD  
MIAMI FL 33167

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RYAN, NOLVA M  
STREET ADDRESS 14612 NW 13TH ROAD  
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ DELETE

NAME RYAN, RUPERT A  
STREET ADDRESS 14612 NW 13TH ROAD  
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ DELETE

NAME WILSON, MAISIE  
STREET ADDRESS 1816 FIRWOOD COURT  
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032161

CR2E037 (9/96)