

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90020 038 ****61.25

DOCUMENT # N97000001743

1. Corporation Name

GATEWAY TO FLORIDA PROPERTIES, INC.

Principal Place of Business
10760 KAREN GALE LANE
JACKSONVILLE FL 32225-2928

Mailing Address
6347 COLLINS RD
JACKSONVILLE FL 32244-809
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/28/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3503620

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSEN, CLARENCE J
6347 COLLINS RD
JACKSONVILLE FL 32244

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 ☐ DELETE

NAME **P**
OLSEN, CLARENCE J
STREET ADDRESS **6347 COLLINS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32244-5809**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD**
HOLT, MILO
STREET ADDRESS **9439 SAN JOSE BLVD 184**
CITY-ST-ZIP **JACKSONVILLE FL 32257-5547**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**
OLSEN, HELEN
STREET ADDRESS **6347 COLLINS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32244-5809**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD**
HOPKINS, FREDERICK D
STREET ADDRESS **3634 HILLARD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32217-4259**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**
TEIGLAND, GEORGE E
STREET ADDRESS **10760 KARENGALE LN**
CITY-ST-ZIP **JACKSONVILLE FL 32225-2928**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**
SUNDBY, DONALD
STREET ADDRESS **11133 STOWE COTTAGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223-7308**

6.1 TITLE ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)