

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90855 026 \*\*\*\*61.25

<b>DOCUMENT # N97000001743</b>		
1. Entity Name <b>GATEWAY TO FLORIDA PROPERTIES, INC.</b>		

40093901



Principal Place of Business <b>4516 HANOVER PARK DR JACKSONVILLE, FL 32224 US</b>	Mailing Address <b>4516 HANOVER PARK DRIVE JACKSONVILLE, FL 32224 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1742 LORD BYRON LN.</b>	3. Mailing Address <b>1742 LORD BYRON LN.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272007 Chg-NP CR2E037 (12/06)

City & State <b>JACKSONVILLE, FL.</b>	City & State <b>JACKSONVILLE, FL.</b>	4. FEI Number <b>59-3503620</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32223</b>	Country <b>US</b>	Zip <b>32223</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MORRISON, FRANKLIN R JR. 4516 HANOVER PARK DR JACKSONVILLE, FL 32234</b>		7. Name and Address of New Registered Agent Name <b>EUGENE H. YERKES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1742 LORD BYRON LANE</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32223</b>	
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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 Eugene H. Yerkes **EUGENE H. YERKES** **APRIL 27, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MORRISON, FRANKLIN R JR.</b> <b>4516 HANOVER PARK DRIVE</b> <b>JACKSONVILLE, FL 322248605</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>EUGENE H. YERKES</b> <b>1742 LORD BYRON LANE</b> <b>JACKSONVILLE, FL. 32223</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>YERKES, EUGENE</b> <b>1742 LORD BYRON LANE</b> <b>JACKSONVILLE, FL 322230800</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MARCI LARSON</b> <b>4013 MORESBURG COURT</b> <b>JACKSONVILLE, FL. 32257</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>WHITE, SHARON</b> <b>4311 FERN CREEK DR</b> <b>JACKSONVILLE, FL 322771126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TEIGLAND, GEORGE</b> <b>10760 KAREN GALE LANE</b> <b>JACKSONVILLE, FL 322252928</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LARSON, KENT</b> <b>4013 MORESBURG COURT EAST</b> <b>JACKSONVILLE, FL 322578997</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TEIGLAND, BEVERLY</b> <b>10760 KAREN GALE LANE</b> <b>JACKSONVILLE, FL 322252928</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugene H. Yerkes **EUGENE H. YERKES** **APRIL 27, 2007** **904-268-9924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #