

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90271 024 ***150.00

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1. Entity Name
THE GATEWAY MERCHANTS ASSOCIATION, INC.



Principal Place of Business
**1952 E SUNRISE BLVD
FT LAUDERDALE, FL 33304**

Mailing Address
**1952 E SUNRISE BLVD
FT LAUDERDALE, FL 33304**



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**KEVERN, JIM
1952 E SUNRISE BLVD
FT LAUDERDALE, FL 33304**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEVERN, JIM 1952 E SUNRISE BLVD FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLOUTZ, RON 1934 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNARDTHORST, CHARLES 1968 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, GENE 1958 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33304
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Kevern **JAMES D. KEVERN** 4/12/05 954 522 2228

Date

Daytime Phone #