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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000001352

1. Corporation Name

GATEWAY AREA NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INCORPORATED

Principal Place of Business

3118 N PEARL ST  
JACKSONVILLE FL 32206

Mailing Address

3118 N PEARL ST  
JACKSONVILLE FL 32206



2. Principal Place of Business

21 3118 N. PEARL ST

Suite, Apt. #, etc.

22 JACKSONVILLE

City & State

23 FL

Zip 32206

Country

24

2a. Mailing Address

26 NO change

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

HUGHES-TAYLOR, ANNETT  
3118 N PEARL ST  
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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 617.1509, 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 of registered agent or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* - No Change 2.24.99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WALKER, RON  
STREET ADDRESS 1601 PEARL ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☐ DELETE

NAME HUGH-TAYLOR, ANNETT  
STREET ADDRESS 441 W 16 ST 3119 N PEARL ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☒ DELETE

NAME SYKES, DONALD  
STREET ADDRESS 4120 N DAVIS ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☒ DELETE

NAME PINDER, CONNIE  
STREET ADDRESS 4120 N DAVIS ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☐ DELETE

NAME GOGGINS, DAISY B  
STREET ADDRESS 424 W 25 ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☐ DELETE

NAME SIMPSON, CAROL  
STREET ADDRESS 3270 BRENTWOOD AVE  
CITY-ST-ZIP JACKSONVILLE FL 32206

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME MORRIS HALYARD

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME ANNETT-HUGHES TAYLOR

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME DONNA RASH-SAWYER

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE TREASURER ☐ Change ☒ Addition

4.2 NAME HENRY JOHNSON

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME HENRIETTA HILL-MURRAY

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE DIRECTOR ☐ Change ☒ Addition

6.2 NAME IVORY JAMES

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99  
Date

Daytime Phone #

CR2E037 (11/98)