

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004592

FILED
Apr 14, 2009
Secretary of State

Entity Name: GATEWAY CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

155 S. HWY. 17/92
SUITE B
DEBARY, FL 32713

New Principal Place of Business:

880 N HWY 17/92
DEBARY, FL 32713

Current Mailing Address:

P O BOX 530340
DEBARY, FL 32753 US

New Mailing Address:

880 N HWY 17/92
DEBARY, FL 32713

FEI Number: 59-3527410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, SANDRA
37 KEEBLE AVENUE
DEBRAY, FL 32713 US

Name and Address of New Registered Agent:

WILSON, SANDRA
880 N HWY 17/92
DEBRAY, FL 32713 US

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MCRAE, CHARLES J
Address: 388 RUTH JENNINGS DR
City-St-Zip: DEBARY, FL 32713

Title: DP () Delete
Name: SMITH, SANDRA
Address: 447 INTERLACHEN CT
City-St-Zip: DEBARY, FL 32713

Title: DS () Delete
Name: KERLE, JANE
Address: 264 ADELAIDE ST
City-St-Zip: DEBARY, FL 32713

Title: DM () Delete
Name: SELF, GENE W
Address: 400 CADDIE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: DV () Delete
Name: WEILER, LINDA
Address: 1904 TILBURG AVE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: WILSON, SANDRA
Address: 37 KEEBLE AVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J. MCRAE

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date