


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

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90046 043 \*\*\*\*70.00

<b>DOCUMENT # N98000005704</b>			
1. Entity Name <b>GATELESS GATE ZEN CENTER, INC.</b>			
Principal Place of Business 20 W. UNIVERSITY AVE. 301 G GAINESVILLE, FL 32601		Mailing Address 20 W. UNIVERSITY AVE. 301 G GAINESVILLE, FL 32601	
2. Principal Place of Business <b>1110 NW 16 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1110 NW 16 Ave</b> Suite, Apt. #, etc.	
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>	
Zip <b>32601</b>		Zip <b>32601</b>	
Country		Country	
4. FEI Number <b>59-3543944</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AMERILAWYER 20 W. UNIVERSITY AVE. 301 G GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WALPOLE, KINLOCH C 20 W. UNIVERSITY AVE., 301 G GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALPOLE, Kinloch C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1110 NW 16 AVE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, JOHN 20 W. UNIVERSITY AVE., 301 G GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, JOHN <input type="checkbox"/> Change <input type="checkbox"/> Addition 1110 NW 16 AVE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LE SEURE, MICHELE 20 W. UNIVERSITY AVE., 301 G GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Le seure, michele <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1110 NW 16 AVE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELLY, ROBERT <input checked="" type="checkbox"/> Delete 10104 NORTHWEST 240 TERRACE ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B S Buhl, FRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1110 NW 16 AVE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIARTY, MICHAEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 1110 NW 16 AVE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E D Hughes, JESSICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1110 NW 16 AVE GAINESVILLE FL 32601
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: <u><i>Kinloch C Walpole</i></u> President 3/14/05 352 2220006		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u><i>Kinloch C WALPOLE President</i></u>			