

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2011
Secretary of State**

DOCUMENT# N98000005704

Entity Name: GATELESS GATE ZEN CENTER, INC.

Current Principal Place of Business:

1208 NW 4TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1208 NW 4TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3543944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALPOLE, KINLOCH C
1208 NW 4TH STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: WALPOLE, K.C.
Address: 1208 NW 4TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: SD
Name: KELLY, AMBER
Address: 429 NW 3RD ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: MCADAMS, MINDY
Address: 206 NE THIRD STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: LOCKRIDGE, ROBERT
Address: 721 GLEN EAGLE DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: SCHIPPERT, CLAUDIA
Address: 515 S CRYSTALLAKE DR
City-St-Zip: ORLANDO, FL 32083

I hereby 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 all other like empowered.

SIGNATURE: AMBER KELLY

SD

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date