

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716665

Entity Name: THE FOUNDATION FOR FLORIDA GATEWAY COLLEGE, INC.**Current Principal Place of Business:**149 SE COLLEGE PLACE
LAKE CITY, FL 32025**Current Mailing Address:**149 SE COLLEGE PLACE
LAKE CITY, FL 32025 US**FEI Number:** 59-1627997**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINCHOUCK, LEE S.
149 SE COLLEGE PLACE
LAKE CITY, FL 32025 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:** LEE S. PINCHOUCK

01/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HALL, SUSAN ROUNTREE MS.
Address 574 OLD MILL DRIVE
City-State-Zip: LAKE CITY FL 32055

Title SECRETARY, DIRECTOR
Name PAULK, ZACK MR.
Address 578 NW SAVANNAH CIRCLE
City-State-Zip: LAKE CITY FL 32055

Title D
Name NORMAN, ALLINE MS.
Address 166 SW RIDGEVIEW PLACE
City-State-Zip: LAKE CITY FL 32024

Title D
Name ADAMS, JENNIFER MRS.
Address 340 NW COMMERCE BLVD
City-State-Zip: LAKE CITY FL 32055

Title D
Name WHEELER, BRAD MR.
Address 197 NW BROOKSIDE COURT
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name DOPSON, GERALD MR.
Address 204 NORTH 7TH STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name LONG, VAN MR.
Address 4321 RAINWATER DRIVE
City-State-Zip: MACCLENNY FL 32063

Title CHAIRMAN
Name WALKER, NOAH MR.
Address 900 NW LOWLAND TERRACE
City-State-Zip: LAKE CITY FL 32055

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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: NOAH WALKER

CHAIRMAN

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, AMY W. MRS.
Address 471 SW STATE ROAD 247
SUITE 115
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name RAINS, ANDREW MR.
Address 701 NE 831ST AVENUE
City-State-Zip: OLD TOWN FL 32680

Title DIRECTOR
Name ROBERTS, AVERY MR.
Address P. O. BOX 233
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name WILLIS, DEONNA MS.
Address 419 SW STATE ROAD 247
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name MCINNIS, KATHRYN MS.
Address 237 NE 705 STREET
City-State-Zip: OLD TOWN FL 32680