

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012792

Entity Name: GATEWAY OF HOPE, INC.**Current Principal Place of Business:**861 SKY RIDGE ROAD
CLERMONT, FL 34711**Current Mailing Address:**861 SKY RIDGE ROAD
CLERMONT, FL 34711 US**FEI Number:** 26-1172806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENTSUAH, JOJO
861 SKYRIDGE ROAD
CLERMONT, FL 34711 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DR
Name	ENTSUAH, BARBARA N
Address	861 SKYRIDGE ROAD
City-State-Zip:	CLERMONT FL 34711

Title	MR
Name	WARE, DANA
Address	4230 NW 170 ST
City-State-Zip:	MIAMI GARDENS FL 33055-4431

Title	DR
Name	WILLIS, LINDA
Address	4230 NW 170TH ST
City-State-Zip:	MIAMI GARDENS FL 33055-4431

Title	DR
Name	ADAEVOR, DELA
Address	520 BRETT CLOSE
City-State-Zip:	ORLANDO FL 32808

Title	MRS
Name	BLOODWORTH, MARY
Address	730 LAKE CATHERINE DRIVE
City-State-Zip:	MAITLAND FL 32751

Title	MR
Name	WAYMAN, THOMAS
Address	3700 S. US HWY 27
City-State-Zip:	CLERMONT FL 34711

Title	PRESIDENT
Name	ENTSUAH, JOJO
Address	861 SKY RIDGE ROAD
City-State-Zip:	CLERMONT FL 34711

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: JOJO ENTSUAH**PRESIDENT****04/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date