

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007114

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**5050592258CC**

**Entity Name:** GATEWAY RESCUE MISSION, INCORPRATED

**Current Principal Place of Business:**

993 NW LAKE JEFFREY ROAD  
LAKE CITY, FL 32055

**Current Mailing Address:**

993 NW LAKE JEFFERY ROAD  
LAKE CITY, FL 32055 US

**FEI Number: 27-1499287**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WILLIAMS, RONALD S II  
993 NW LAKE JEFFERY ROAD  
LAKE CITY, FL 32055 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 PD  
Name WILLIAMS, RONALD W II  
Address 352 NW BELVIN WAY  
City-State-Zip: LAKE CITY FL 32055

Title VP  
Name JOLLEY, ANDREW PASTOR  
Address P. O. BOX 3672  
City-State-Zip: LAKE CITY FL 32056

Title D  
Name JOLLEY, LYNETTE ELDER  
Address P. O. BOX 3672  
City-State-Zip: LAKE CITY FL 32056

Title EXECUTIVE ADMINISTRATOR  
Name CHISOLM, TRACILLA  
Address 993 NW LAKE JEFFREY ROAD  
City-State-Zip: LAKE CITY FL 32055

Title ST  
Name GRAY, ROGER PASTOR  
Address 993 NE LAKE JEFFERY ROAD  
City-State-Zip: LAKE CITY FL 32055

*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: RONALD W. WILLIAMS II**

**PRESIDENT**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date