

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007114

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC8116843963**

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

**Current Principal Place of Business:**

993 NW LAKE JEFFREY ROAD  
LAKE CITY, FL 32055

**Current Mailing Address:**

P. O. BOX 3672  
LAKE CITY, FL 32056

**FEI Number:** 27-1499287

**Certificate of Status Desired:** No

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

WILLIAMS, RONALD S II  
352 NW BELVIN WAY  
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 SECRETARY  
Name GRIFFIN, RENEE  
Address P. O. BOX 3672  
City-State-Zip: LAKE CITY FL 32056

Title ST  
Name PATE, MICHAEL ELDER  
Address P. O. BOX 3672  
City-State-Zip: LAKE CITY FL 32056

*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**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date