

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35801

**Entity Name:** GATEWAY CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

445 CREIGHTON RD  
PENSACOLA, FL 32504

**Current Mailing Address:**

445 CREIGHTON RD  
PENSACOLA, FL 32504 US

**FEI Number:** 59-1369372

**Certificate of Status Desired:** No

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

LEUCHTMAN, GARY B.  
921 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 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:** GARY B. LEUCHTMAN

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            OLSEN, OLE J. DR.  
Address        2956 CORAL STRIP PARKWAY  
City-State-Zip: GULF BREEZE FL 32563

Title            DIRECTOR  
Name            CHANDLER, DAVID DR.  
Address        165 MIDDLE PLANTATION LANE  
City-State-Zip: GULF BREEZE FL 32563

Title            DIRECTOR  
Name            WATSON, SCOTT  
Address        6841 RICHWOOD DRICE  
City-State-Zip: PENSACOLA FL 32526

Title            DIRECTOR  
Name            GENTON, TERRY  
Address        84 S. 67TH AVENUE  
City-State-Zip: PENSACOLA FL 32506

Title            SECRETARY, DIRECTOR  
Name            JURCZAK, EDWARD  
Address        1209 TAMARA DRIVE  
City-State-Zip: PENSACOLA FL 32504

Title            TREASURER  
Name            POSEY, JESSICA L CPA  
Address        2950 HARVEST RD  
City-State-Zip: JAY FL 32565

Title            DIRECTOR  
Name            SHIELDS, KELLY  
Address        3033 LIANA LANE  
City-State-Zip: PENSACOLA FL 32505

Title            DIRECTOR  
Name            WILSON, DAVID  
Address        1515 E MAXWELLSTREET  
City-State-Zip: PENSACOLA FL 32503

*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:** SCOTT WATSON

**DIRECTOR**

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date