

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001743

Entity Name: GATEWAY TO FLORIDA PROPERTIES, INC.**Current Principal Place of Business:**4013 MORESBURG COURT E
JACKSONVILLE, FL 32257**Current Mailing Address:**4013 MORESBURG COURT E
JACKSONVILLE, FL 32257 US**FEI Number:** 59-3503620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON, MARCI
4013 MORESBURG COURT E
JACKSONVILLE, FL 32257 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	P
Name	LARSON, KENT
Address	4013 MORESBURG COURT EAST
City-State-Zip:	JACKSONVILLE FL 32257

Title	S
Name	TWEED, RITA
Address	4304 RIPKEN CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	HOPKINS, EVELYN R
Address	3634 HILLIARD RD
City-State-Zip:	JACKSONVILLE FL 32217

Title	C
Name	LARSON, MARCI
Address	4013 MORESBURG COURT EAST
City-State-Zip:	JACKSONVILLE FL 32257

Title	S
Name	KNUDSON, CHELSEA ELIZABETH
Address	5329 TULANE AVE
City-State-Zip:	JACKSONVILLE FL 32207-

Title	T
Name	MORRISON, FRANKLIN RIII
Address	4304 RIPKEN CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224

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: FRANKLIN MORRISON**TREASURER****03/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date