

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004592

**Entity Name:** GATEWAY CENTER FOR THE ARTS, INC.

**Current Principal Place of Business:**

880 N HWY 17/92  
DEBARY, FL 32713

**Current Mailing Address:**

880 N HWY 17/92  
DEBARY, FL 32713

**FEI Number: 59-3527410**

**Certificate of Status Desired: No**

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

WILSON, SANDRA  
880 N HWY 17/92  
DEBARY, FL 32713 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           SECR  
Name           REAUME, JUDITH  
Address       516 BROKENSHIRE DRIVE  
City-State-Zip: DEBARY FL 32713

Title           CHRM  
Name           COOMBS, JAMES  
Address       336 HINSDALE DRIVE  
City-State-Zip: DEBARY FL 32713

Title           DIR  
Name           WILSON, SANDRA  
Address       37 KEEBLE AVE  
City-State-Zip: DEBARY FL 32713

Title           DIR  
Name           GRAY, SAUNDRA  
Address       880 N HWY 17/92  
City-State-Zip: DEBARY FL 32713

*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: SANDRA WILSON**

**DIR**

**04/18/2014**

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

\_\_\_\_\_  
Date