

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 23 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50336 (9)

1. Corporation Name

~~COUNTRYSIDE MONTESSORI SCHOOL INC.~~
NEW GATE SCHOOL, INC.

Principal Place of Business

Mailing Address

5237 ASHTON RD
SARASOTA FL 34233

5237 ASHTON RD
SARASOTA FL 34233

3. Date Incorporated or Qualified

08/05/1992

4. FEI Number

65-0358841

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGRATH LORNA
5237 ASHTON RD.
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 400002415374--0

84 City

01/28/98-01119-001

*****70.0FL*** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MCGRATH, LORNA
STREET ADDRESS 5237 ASHTON RD
CITY-ST-ZIP SARASOTA FL

☐ DELETE

1.1 TITLE D
1.2 NAME SUE SCHWARTZ-WOLSKI
1.3 STREET ADDRESS 7412 WEEPING WILLOW
1.4 CITY-ST-ZIP SARASOTA FL 34241

☐ Change

☒ Addition

TITLE SD
NAME MAHANEY, WILLIAM D
STREET ADDRESS 243 GREENCOVE RD
CITY-ST-ZIP VENICE FL

☐ DELETE

2.1 TITLE D
2.2 NAME KIM FREY
2.3 STREET ADDRESS 7340 POINT OF ROCKS RD
2.4 CITY-ST-ZIP SARASOTA FL 34242

☐ Change

☒ Addition

TITLE D
NAME WILLIAMS, KATHERINE
STREET ADDRESS 6402 SHOAL CREEK STREET
CITY-ST-ZIP BRADENTON FL

☐ DELETE

3.1 TITLE D
3.2 NAME JOHN CLOUD
3.3 STREET ADDRESS 3920 RED ROCK WAY
3.4 CITY-ST-ZIP SARASOTA FL 34231

☐ Change

☒ Addition

TITLE D
NAME GALLAGHER, CHRISTOPHER
STREET ADDRESS 1723 CHEYENNE ST.
CITY-ST-ZIP SARASOTA FL

☒ DELETE

4.1 TITLE D
4.2 NAME TIM SELDIN
4.3 STREET ADDRESS 17808 OCTOBER CT
4.4 CITY-ST-ZIP ROCKVILLE MD 20855

☐ Change

☒ Addition

TITLE D
NAME WARD, PATTON
STREET ADDRESS 3 SHANGRI LA RD.
CITY-ST-ZIP SARASOTA FL

☒ DELETE

5.1 TITLE D
5.2 NAME JOYCE ST GERMAINE
5.3 STREET ADDRESS 901 N PITT ST STE 310
5.4 CITY-ST-ZIP ALEXANDRIA VA 22314

☐ Change

☒ Addition

TITLE D
NAME BRICKHOUSE, COLLEEN
STREET ADDRESS 1099 LAKEHOUSE CIRCLE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE

2/1/98 (941) 485-1963

CR2E037 (10/97)