CR2E037 (11/98)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50336

1. Corporation Name

NEW GATE SCHOOL, INC.

| Principal Place of Business | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|
| 5237 ASHTON RD SARASOTA FL 34233 | | | | | | | | |

2. Principal Place of Business

Mailing Address

5237 ASHTON RD SARASOTA FL 34233

2a. Mailing Address

Suite Ant # etc

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90083 005 ****70.00



Applied For

3. Date Incorporated or Qualifed

08/05/1992

4. FEI Number

| Suite, Api. | #, etc. | Guite, Apr. | <i>n</i> , oto. | | | · . | OF OOFOOAA | | مرجات بمهيئت | | Annlinable | |
|----------------------------------|---|--|--------------------------------------|---------------------|---|---------------------|------------------------------|---------------|--------------|--------------------|-------------------|--|
| 22 | | 27 | | | | | 65-0358841 | | | | t Applicable | |
| City & State | e e | City & Stat | e | | | | 5. Certificate of Status I | Desired | 52 3 | \$8.75 A Fee Re | | |
| Zip | Country | Zip | | Country | | | 6. Election Campaign F | inancing | | \$5.00 | May Be | |
| 24 | 25 | 29 | 30 | | | ł | Trust Fund Contribut | tion | | Added t | o Fees | |
| | 9. Name and Address of Current | Registered Agen | t | | | | 10. Name and Address | of New R | egistered | Agent | | |
| | | | | 81 | Name | | | | | | | |
| MCGRATH LORNA 5237 ASHTON RD. | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | 83 | | | | | | | |
| SARASOTA FL 34233 | | | | | | | | | | | | |
| • | • | | | | | City FL 85 Zip Code | | | | | | |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Flo | orida Statutes, th | e above | -named | corpora | ation submits this statement | ent for the p | purpose of | changing its | registered | |
| office or n | egistered agent, or both, in the State of manifer state of medical familiar with, and accept the obligation | riorida. Such cha ons of, Section 61. | inge was author 7.0503, Florida S | izeu by Statutes | nie corb | wrauon: | S DOME OF CITECHOLS, I HE | ony accep | r ale appoi | Harlett do 16 | 9.0.0.00 | |
| • | | , | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. | (NOTE: Regist | ered Agen | t signature | required w | nen reinstating) | | DATE | | | |
| 12. | OFFICERS AND | DIRECTORS | | 13. | | | ADDITIONS/CHANGE | S TO OFF | ICERS AN | ID DIRECTO | | |
| TITLE | 0 | | DELETE 1 | 1 TITLE | | a | | | | Change | Addition Addition | |
| NAME | MCGRATH, LORNA | | 1 | .2 NAME | | | HN CLOUD | | | | | |
| STREET ADDRESS | 5237 ASHTON RD | | 1 | .3 STREET | ADDRESS | 39 | 20 RED ROCK | YAW > | | | | |
| CITY-ST-ZIP | SARASOTA FL | | 1 | 4 CITY-S | T- ZIP | SA | RASOTA FL 3 | 34231 | | | | |
| TITLE | SD | | DELETE 2 | 1 TITLE | | | | | | Change | Addition | |
| NAME | MAHANEY, WILLIAM D | | 2 | 2 NAME | | KI | M SELDIN | | | | , . | |
| STREET ADDRESS | 243 GREENCOVE RD | | 2 | 3 STREET | ADDRESS | 17 | 808 OCTOBER | RCT | | | | |
| CITY-ST-ZIP | VENICE FL | | 2 | 4 CITY-S | T-ZIP | -RC | CKVILLE=MD= | 2085 | 5= | | | |
| TITLE | D | × | DELETE 3 | .1 TITLE | | D | 1 | | | Change | Addition | |
| NAME | WILLIAMS, KATHERINE | , , | 3 | 2 NAME | | JC | YCE ST GER | MAINE | | | | |
| STREET ADDRESS | 6402 SHOAL CREEK STREET | | 3 | .3 STREET | ADDRESS | 90 | 1 N PITT S | r ste | 310 | | | |
| CITY-ST-ZIP | BRADENTON FL | | 1 3 | .4. C/TY-S | T-ZIP | AI | EXANDRIA V | A 223 | 14 | | | |
| TITLE | D | | DELETE 4 | A TITLE | | T | | | | Change | ☐ Addition | |
| NAME | SCHWARTZ-WOLSKI, SUE | | 4 | . 2 NAME | | 1 | | | | | | |
| STREET ADDRESS | | | į 4 | .3 STREET | ADDRESS | ;} | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34241 | | 14 | 4 CITY-S | r-zip | - | | | | | | |
| TITLE | D | \$ | DELETE 5 | A TITLE | | | | | | Change | ☐ Addition | |
| NAME | FREY, KIM | • | 5 | 2 NAME | | } | | | | | | |
| STREET ADDRESS |) | | 5 | 3 STREET | ADDRESS | ;} | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34242 | | | .4 CITY-S | T-ZIP | <u> </u> | | | | | | |
| TITLE | D | ₩ | DELETE 6 | I TITLE | | 1 | | | | Change | Addition | |
| NAME | BRICKHOUSE, COLLEEN | | e e | 2 NAME | | | | | | | | |
| STREET ADDRESS | l | | 6 | .3 STREET | ADDRESS | 3 | | | | | | |
| CITY-ST-ZIP | SARASOTA FI | | | 4 CITY-S | | | | | | | | |
| 14. I hereby | certify that the information supplied with | this filing does no | ot qualify for the | exempt | on state | d in Sec | tion 119.07(3)(i), Florida | Statutes. I | further cer | tify that the ir | nformation | |

4. 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 informatio 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION OF A HANGY

1/99 941-485-1.963