

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50336

FILED
Jul 24, 2009
Secretary of State

Entity Name: NEW GATE SCHOOL, INC.

Current Principal Place of Business:

5237 ASHTON RD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5237 ASHTON RD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0358841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WENNINGER, PAUL
5237 ASHTON RD.
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TUCHFELD, BARRY
Address: 4147 S PRIARIE VIEW DR
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: HAGOPIAN, GREG
Address: 7049 BRIER CRK CT
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: MCGONAGILL, GEORGE
Address: 4730 ACORN CIR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: KNOPIK, STEVE
Address: 3165 CHARLES MACDONALD DR
City-St-Zip: SARASOTA, FL 34240

Title: VP () Delete
Name: WEST, DANA
Address: 920 SIRUS TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: TRUSCHEL, LYNNE
Address: 5235 SHADOW LAWN DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MARTIN, LAURA
Address: 4956 THREE OAKS BLVD.
City-St-Zip: SARASOTA, FL 34233

Title: P (X) Change () Addition
Name: DODD, ROBERT
Address: 7580 PRESERVATION DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D (X) Change () Addition
Name: WEST, DANA
Address: 920 SIRUS TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KLEIBER, JON
Address: 5135 BROOKSBEND CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: T (X) Change () Addition
Name: TRUSCHEL, LYNNE
Address: 5235 SHADOW LAWN DRIVE
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL WENNINGER

RA

07/24/2009

Electronic Signature of Signing Officer or Director

_____ Date