


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # N99000002615

1. Entity Name
 SPRING GATE SCHOOL, INC.



Principal Place of Business
 6515 W SUNRISE BLVD
 PLANTATION, FL 33313

Mailing Address
 2832 NE 24 CT.
 FT. LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1655952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, DEBRA
 2832 NE 24 CT.
 FT. LAUDERDALE, FL 33305

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Debra Kern* DATE: *02-05-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM KERN, DEBRA 2832 NE 24TH CT FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KERN, RICHARD 2832 NE 24 CT FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, CINDY 447 NW 73RD AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARIN, STEPHEN 318 INDIAN TRACE SUITE 424 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUECK, EILEEN 2632 NE 5TH TERR WILTON MANORS, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000819353
 02/15/08-80079-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra Kern* DATE: *02-05-08* DAYTIME PHONE #: *954-316-9330*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #