2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State
01-13-2005 90002 047 ****61.25

DOCUMENT # N99000000897

1. Entity Name
GULLIVER SCHOOLS, INC.

50002082

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146

01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0900717
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL
C/O HUNTON & WILLIAMS
1111 BRICKELL AVENUE, #2500
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BARTEL, JEFFREY S
STREET ADDRESS	1500 SAN REMO AVENUE, PH-400
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	GERRITS, MICHAEL
STREET ADDRESS	1500 SAN REMO AVENUE, PH-400
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	GILMAN, MILES E
STREET ADDRESS	1500 SAN REMO AVENUE, PH-400
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	GETZ, SAMUEL
STREET ADDRESS	1500 SAN REMO AVENUE, PH-400
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	NIRSCHEL, ROY DR.
STREET ADDRESS	1500 SAN REMO AVENUE, PH-400
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D S
NAME	~~KERDYK, WILLIAM~~ Abigail Watts-FitzGerald
STREET ADDRESS	1500 SAN REMO AVENUE, PH-400
CITY-ST-ZIP	CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

12. 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 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: Abigail C Watts-FitzGerald 1/7/05 305-810-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Abigail C. Watts-FitzGerald