## I hereby 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 all other like empowered.

SIGNATURE: MARK H. GOTZ

Electronic Signature of Signing Officer/Director Detail

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300006800

Entity Name: SCHOOL DEVELOPMENT GROUP, INC.

#### **Current Principal Place of Business:**

154 NW MAGNOLIA LAKES BLVD. PORT SAINT LUCIE. FL 34986

#### **Current Mailing Address:**

PO BOX 881237 PORT SAINT LUCIE. FL 34988

#### FEI Number: 45-2282390

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GOTZ, MARK H 154 NW MAGNOLIA LAKES BLVD. PORT SAINT LUCIE, FL 34986 US

City-State-Zip: PORT SAINT LUCIE FL 34986

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:

**Officer/Director Detail :** Title Ρ Title S/T GOTZ, MARK H Name GOTZ, MARY L Name Address 154 NW MAGNOLIA LAKES BLVD.

Address 154 NW MAGNOLIA LAKES BLVD. City-State-Zip: PORT SAINT LUCIE FL 34986

Certificate of Status Desired: No

PRESIDENT

04/11/2013 Date

### FILED Apr 11, 2013 Secretary of State CC6838255366

Date