

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000295

**Entity Name:** THE GAP SCHOOL INC.

**Current Principal Place of Business:**

133 MCINTOSH RD.  
SARASOTA, FL 34232

**Current Mailing Address:**

133 MCINTOSH RD  
SARASOTA, FL 34232

**FEI Number:** 20-0563692

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CASWELL, CHRIS  
240 S PINEAPPLE AVE  
STE 802  
SARASOTA, FL 34236 US

*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

**Officer/Director Detail :**

Title DP  
Name AHEARN, JIM  
Address 7306 91ST ST. E  
City-State-Zip: PALMETTO FL 34221

Title DT  
Name AHEARN, PATRICIA  
Address 133 MCINTOSH RD.  
City-State-Zip: SARASOTA FL 34232

Title DS  
Name VESCO, ALISON  
Address 133 MCINTOSH RD  
City-State-Zip: SARASOTA FL 34232

Title CEO  
Name AHEARN, ROBIN W  
Address 133 MCINTOSH RD  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name JESSEN, SCOTT  
Address 133 MCINTOSH RD  
City-State-Zip: SARASOTA FL 34232

*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:** ROBIN AHEARN

**EXECUTIVE DIRECTOR**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date