

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50336

**Entity Name:** NEW GATE SCHOOL, INC.

**Current Principal Place of Business:**

5237 ASHTON ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

5237 ASHTON ROAD  
SARASOTA, FL 34233

**FEI Number:** 65-0358841

**Certificate of Status Desired:** No

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

SELDIN, TIMOTHY D  
5237 ASHTON ROAD  
SARASOTA, FL 34233 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 C  
Name CUTLER, ANDREW MD  
Address 8318 CURLEW COURT  
City-State-Zip: BRADENTON FL 34202

Title P  
Name SELDIN, TIMOTHY D  
Address 5237 ASHTON ROAD  
City-State-Zip: SARASOTA FL 34233

Title T  
Name LEITCH, KATHLEEN  
Address 37 BARKLEY CIRCLE  
City-State-Zip: FT. MYERS FL 33907

Title S  
Name MCGRATH, LORNA  
Address 12523 ROCKROSE GLEN  
City-State-Zip: BRADENTON FL 34202

Title D  
Name ST GIERMAINE, JOYCE  
Address 19600 SR 64  
City-State-Zip: BRADENTON FL 34212

Title TRUSTEE  
Name ST. GIERMAINE, JOYCE  
Address 19600 SR 64  
City-State-Zip: BRADENTON FL 34212

Title TRUSTEE  
Name HITES, LESLIE  
Address 3668 DIMOND AVENUE  
City-State-Zip: OAKLAND CA 94602

*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:** TIMOTHY D SELDIN

**PRESIDENT**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date