

2015 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 CHAIRMAN
Name CUTLER, ANDREW MD
Address 8318 CURLEW COURT
City-State-Zip: BRADENTON FL 34202

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

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

Title SECRETARY
Name HOWE, DANIEL R III
Address 5237 ASHTON ROAD
City-State-Zip: SARASOTA FL 34233

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

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

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

Title TRUSTEE
Name BRAVO, KATHERINE
Address 204 37 AVE. N
#468
City-State-Zip: ST. PETERSBURG FL 33704

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****02/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date