

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728835 (0)

1. Corporation Name

GATEWAY NURSERY AND KINDERGARTEN, INC.



Principal Place of Business

Mailing Address

641 WEST 4TH STREET
P.O. BOX 2036
JACKSONVILLE FL 32209-6739
US

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P.O. BOX 2036
JACKSONVILLE FL 32209-6739
US

3. Date Incorporated or Qualified
02/15/1974

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1496626

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMPSON, IDA M
1123 PHELPS STREET
JACKSONVILLE FL 32206**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ida M. Sampson

Ida M. Sampson

3-8-96

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
DEMERS, NORM**
STREET ADDRESS **2014 KENNETH ST.**
CITY - ST - ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME **VD
SUMLAR, VANESSA**
STREET ADDRESS **6074 CAPRICE DR**
CITY - ST - ZIP **JACKSONVILLE, FL 00000**

TITLE ☒ DELETE

NAME **D
WILLIAMS I E**
STREET ADDRESS **2827 RIBAUT SCENIC DR**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **SD
STUTTS, KARON**
STREET ADDRESS **7092 CYPRESS GROVE RD.**
CITY - ST - ZIP **JACKSONVILLE FL 32244**

TITLE ☒ DELETE

NAME **D
EISENBERG, IRIS**
STREET ADDRESS **1807 BAYARD PLACE**
CITY - ST - ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

NAME **D
GROOMES, MICHELLE**
STREET ADDRESS **2033 WEST 14TH ST.**
CITY - ST - ZIP **JACKSONVILLE FL 32209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**P
Mr. Doug Joiner
2655 Lorna Road
Jacksonville, Florida 32211**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**Mr. Daniel D. Akel
9429 Silhouette Lane
Jacksonville, Florida 32257**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**Mrs. Deborah Whitaker
121 Garden Gate Dr.
Ponte Vedra, Florida 32082**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ida M. Sampson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

Date

(904) 358-1651

Daytime Phone #

CR2E037 (12/95)