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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90030 032 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728835

1. Corporation Name

GATEWAY NURSERY AND KINDERGARTEN, INC.

Principal Place of Business

641 W 4TH ST
JACKSONVILLE FL 32209-6739
US

Mailing Address

641 W 4TH ST
P.O. BOX 2036
JACKSONVILLE FL 32209-6739
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/15/1974

4. FEI Number

59-1496626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, GWENDOLYN C
641 WEST 4TH STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DEMERS, NORM
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE D ☐ DELETE
NAME HARZOG, BERNARD
STREET ADDRESS 2018 WEST 16TH ST
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ DELETE
NAME HASSAN, STELLA
STREET ADDRESS 2719 SCOTT MILL LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE M ☐ DELETE
NAME SCOTT, GWENDOLYN C
STREET ADDRESS 13640 MT PLEASANT RD
CITY-ST-ZIP JACKSONVILLE FL 32225

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE:

Gwendolyn C. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-10-99 Daytime Phone # (904) 358-1651

CR2E037 (11/98)