2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Aug 03, 2005 08:00 AM Secretary of State **DOCUMENT # 728835** 1. Entity Name GATEWAY NURSERY AND KINDERGARTEN, INC. Principal Place of Business_ Mailing Address 641 W 4TH ST 641 W 4TH ST JACKSONVILLE, FL 32209-6739 US JACKSONVILLE, FL 32209-6739 US 08022005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1496626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCOTT, GWENDOLYN C DO NOT WRITE 641 WEST 4TH STREET JACKSONVILLE, FL 32206 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME SANTIAGO, KENYA STREET ADDRESS 10132 LONE STAR ROAD CITY-ST-ZIP JACKSONVILLE, FL 32225 U00000375487 08/03/05-80004-013 70.00 NAME SUMLAR, VANESSA STREET ADDRESS 6074 CAPRICE DR CITY-ST-ZIP JACKSONVILLE, FL 00000 NAME HARZOG, BERNARD STREET ADDRESS 2018 WEST 16TH ST DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32209 IN THIS SPACE TITLE NAME HASSAN, STELLA STREET ADDRESS 2719 SCOTT MILL LANE CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE

12. 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 report or supplemental report is true and accurate and that my signature shall have the same logal 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 10 or Block 11 if changed, or on an attachgree, with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empoyered

THISPEN, GARY

7753 BEERWOOD PT CT

SCOTT, GWENDOLYN C

13640 MT PLEASANT RD

JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32256

NAME

TITLE NAME

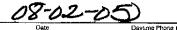
STREET ADDRESS

STREET ADDRESS

CITY ST 7P

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND STOPE DO DE DE SIGNATURE DE SIGN



FILED