

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 728835

1. Entity 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
JACKSONVILLE, FL 32209-6739 US



08022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1496626

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIAGO, KENYA
10132 LONE STAR ROAD
JACKSONVILLE, FL 32225

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THISPEN, GARY
7753 BEERWOOD PT CT
JACKSONVILLE, FL 32256

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

**DO NOT WRITE
IN THIS SPACE**

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08/03/05-80004-013 20.00

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-02-05