## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000000295

FILED Mar 21, 2008 Secretary of State

Entity Name: CLOSING THE GAP SCHOOL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5989 APPROACH RD SARASOTA, FL 34238

**Current Mailing Address: New Mailing Address:** 

5989 APPROACH RD SARASOTA, FL 34238

FEI Number: 20-0563692 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASWELL, CHRIS 240 S PINÉAPPLE AVE STE 802 SARASOTA, FL 34236 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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** () Delete (X) Change ( ) Addition WEINBERGER, AMY CEPPOS, JERRY Name: Name: 5989 APPROACH RD. Address: 4269 CAROL ANN ROAD Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34233 Title: Title: (X) Change ( ) Addition ( ) Delete STEPHENS, LORI Name: Name: HENDERSON, TRACY Address: 5989 APPROACH RD. Address: 14022 1ST AVE, EAST City-St-Zip: SARASOTA, FL 34238 City-St-Zip: BRADENTON, FL 34212 Title: () Delete Title: ( ) Change (X) Addition MINOR, KIRSTEN Name: Name: Address: Address: 1611 82ND STREET NW City-St-Zip: City-St-Zip: BRADENTON, FL 34209

Title: () Delete Title: ( ) Change (X) Addition Name: Name: PORTILLO, MELIDA YVETTE Address: Address: 5057 82ND WAY EAST City-St-Zip: City-St-Zip: SARASOTA, FL 34243 Title:

Title: () Delete ( ) Change (X) Addition SIEBOLD, WAYNE Name: Name:

7555 LINKS COURT Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34243

Title: () Delete Title: ( ) Change (X) Addition

SNELL. KELLY M Name: Name: Address: Address: 5023 MINK ROAD SARASOTA, FL 34235 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: /CKCASWELL/ RΑ 03/21/2008