2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000295

Entity Name: CLOSING THE GAP SCHOOL, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5989 APPROACH RD. SARASOTA, FL 34238				5969 APPROACH RD. SARASOTA, FL 34238			
Current Mailing Address:				New Mailing Address:			
5989 APPROACH RD. SARASOTA, FL 34238				5969 APPROACH RD. SARASOTA, FL 34238			
FEI Number: 20-0563692 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STE 802 SARASOTA	A, FL 34236	US submits this statement for the purp	nosa o	f changing its	s registered o	office or re	egistared agent or both
in the State		submits this statement for the purp	pose oi	i changing it	s registered o	ilice of re	gistered agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () CEPPOS, JERI 4269 CAROL A SARASOTA, FL	NN ROAD		Title: Name: Address: City-St-Zip:	D (X ROCHE, MONIO 5969 APPROAG SARASOTA, FL	CH ROAD) Addition
Title: Name: Address: City-St-Zip:	D () HENDERSON, 14022 1ST AVE BRADENTON, I	E. EAST		Title: Name: Address: City-St-Zip:	D (X BLEFELD, MAU 5969 APPROAG SARASOTA, FL	CH ROAD) Addition
Title: Name: Address: City-St-Zip:	D () MINOR, KIRSTI 1611 82ND STI BRADENTON, I	REET NW		Title: Name: Address: City-St-Zip:	D (X BROWN, MICH 5969 APPROAG SARASOTA, FL	CH ROAD) Addition
Title: Name: Address: City-St-Zip:	D () PORTILLO, ME 5057 82ND WA SARASOTA, FL	Y EAST		Title: Name: Address: City-St-Zip:	D (X LUTZ-SILVER, 5969 APPROAG SARASOTA, FL	CH ROAD) Addition
Title: Name: Address: City-St-Zip:	D () SIEBOLD, WAY 7555 LINKS CO SARASOTA, FL	DURT		Title: Name: Address: City-St-Zip:	D (X PATTERSON, L 5969 APPROAG SARASOTA, FL	CH ROAD) Addition
Title: Name: Address: City-St-Zip:	D (X SNELL, KELLY 5023 MINK RO SARASOTA, FL	AD		Title: Name: Address: City-St-Zip:	()) Change() Addition

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: LORI STEPHENS D 03/23/2009