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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:11

DOCUMENT # N50336 (9)

1. Corporation Name

COUNTRYSIDE MONTESSORI SCHOOL, INC.
D/B/A NEW GATE SCHOOL

Principal Place of Business	Mailing Address
5237 ASHTON RD SARASOTA FL 34233	5237 ASHTON RD SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1992
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0358841 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ ~~$68.75 Supplemental~~ Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

~~WILLIAMS, KATHERINE M.~~
~~5237 ASHTON RD~~
~~SARASOTA FL 34230~~

10. Name and Address of New Registered Agent

81 Name: Lorna Mc Grath
82 Street Address (P.O. Box Number is Not Acceptable): 5237 Ashton Rd.
83:
84 City: Sarasota FL 85 Zip Code: 34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lorna McGrath — Lorna L. McGrath — 1/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHANEY, WILLIAM D.	1.2 NAME	
STREET ADDRESS	243 GREENCOVE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGRATH, LORNA	2.2 NAME	
STREET ADDRESS	7018 40TH AVE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, KATHERINE M.	3.2 NAME	
STREET ADDRESS	~~5237 ASHTON RD~~	3.3 STREET ADDRESS	6402 Shoal Creek Cir
CITY-ST-ZIP	~~SARASOTA FL~~	3.4 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	~~MORRIS, PAMELA~~	4.2 NAME	Christopher Gallagher
STREET ADDRESS	~~1400 KENILWORTH ST~~ DELETE	4.3 STREET ADDRESS	1723 Cheyenne St.
CITY-ST-ZIP	~~SARASOTA FL~~	4.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	WARD, PATTON	5.2 NAME	Kim Frey
STREET ADDRESS	3 SHANGRI LA RD.	5.3 STREET ADDRESS	7340 Point of Rock Rd.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	BRICKHOUSE, COLLEEN	6.2 NAME	John Shea
STREET ADDRESS	1099 LAKEHOUSE CIRCLE	6.3 STREET ADDRESS	720 So Orange
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, FL 34236

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lorna McGrath — Lorna L. McGrath — 1/16/95 — 813-922-4949
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0045106