2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# N50336

Entity Name: NEW GATE SCHOOL, INC.

Current Principal Place of Business:

5237 ASHTON RD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5237 ASHTON RD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0358841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENNINGER, PAUL
5237 ASHTON RD.
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCCONAGILL, GEORGE	
Address:	4736 ACORN CIRCLE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	V	( ) Delete
Name:	DOUGHERTY, BARBARA	
Address:	7825 SANDERLING RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	D	( ) Delete
Name:	MILLER, RANDY	
Address:	6605 NAUTICAL DR.	
City-St-Zip:	BRADENTON, FL 34202	
Title:	D	( ) Delete
Name:	WENNINGER, PAUL	
Address:	5237 ASHTON RD.	
City-St-Zip:	SARASOTA, FL 34233	
Title:	C	( ) Delete
Name:	DEAN, JIMMY	
Address:	6720 ASHLEY COVER	
City-St-Zip:	SARASOTA, FL 34241	
Title:	T	( ) Delete
Name:	KNOPIK, STEVE	
Address:	3165 CHARLES MACDONALD DR.	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE MCGONAGILL P 03/28/2006

Electronic Signature of Signing Officer or Director — Date