

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N99000000897

1. Entity Name
GULLIVER SCHOOLS, INC.



Principal Place of Business
1500 SAN REMO AVENUE, PH-400
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE, PH-400
CORAL GABLES, FL 33146



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0900717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL
C/O HUNTON & WILLIAMS
1111 BRICKELL AVENUE, #2500
MIAMI, FL 33131

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000779868
01/11/08-80054-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BARTEL, JEFFREY S 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRITS, MICHAEL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, EMILIO 1500 SAN REMO AVE, PH-400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERDYK, BILL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRSCHER, ROY DR. 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATTS-FITZGERALD, ABIGAIL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

1-8-08

(305) 666-6353