

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000897

Entity Name: GULLIVER SCHOOLS, INC.

FILED
Sep 08, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0900717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BARTEL, JEFFREY S
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: GERRITS, MICHAEL
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: NUNEZ, EMILIO
Address: 1500 SAN REMO AVE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: KERDYK, BILL
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: NIRSCHEL, ROY DR.
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

Title: DS () Delete
Name: WATTS-FITZGERALD, ABIGAIL
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BARTEL, JEFFREY S
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

Title: DT (X) Change () Addition
Name: WITHERSPOON, LIBBY
Address: 1500 SAN REMO AVENUE, PH-400
City-St-Zip: CORAL GABLES, FL 33146

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 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: ABIGAIL WATTS-FITZGERALD

DS

09/08/2009

Electronic Signature of Signing Officer or Director

Date