



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90329 006 \*\*\*\*61.25

<b>DOCUMENT # N99000002615</b>					
<b>1. Entity Name</b> SPRING GATE SCHOOL, INC.					
<b>Principal Place of Business</b> 6515 W SUNRISE BLVD PLANTATION, FL 33313			<b>Mailing Address</b> 2832 NE 24 CT. FT. LAUDERDALE, FL 33305		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  KERN, DEBRA 2832 NE 24 CT. FT. LAUDERDALE, FL 33305				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>  SIGNATURE <u>Debra Kern</u> <span style="float: right;">04-27-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PM <input type="checkbox"/> Delete KERN, DEBRA 2832 NE 24TH CT FORT LAUDERDALE, FL 33305				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	TV <input type="checkbox"/> Delete KERN, RICHARD 2832 NE 24 CT FORT LAUDERDALE, FL 33305				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete PHILLIPS, CINDY 447 NW 73RD AVE FORT LAUDERDALE, FL 33317				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete STARIN, STEPHEN 318 INDIAN TRACE SUITE 424 WESTON, FL 33326				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	VIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D Eileen Lueck <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2632 NE 5th Terr. Wilton Manors, FL 33334				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D Patricia Cave <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1429 Barcelona Way Weston, FL 33326				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Debra Kern</u> <span style="float: right;">04-27-06 954-316-7330</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					