

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002615

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: SPRING GATE SCHOOL, INC.

## Current Principal Place of Business:

6515 W SUNRISE BLVD  
PLANTATION, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

2832 NE 24 CT.  
FT. LAUDERDALE, FL 33305

## New Mailing Address:

FEI Number: 31-1655952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KERN, DEBRA  
2832 NE 24 CT.  
FT. LAUDERDALE, FL 33305      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: VM      ( ) Delete  
Name: KERN, DEBRA  
Address: 2832 NE 24TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: PT      ( ) Delete  
Name: KERN, RICHARD  
Address: 2832 NE 24 CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD      ( ) Delete  
Name: PHILLIPS, CINDY  
Address: 447 NW 73RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: D      ( ) Delete  
Name: STARIN, STEPHEN  
Address: 318 INDIAN TRACE SUITE 424  
City-St-Zip: WESTON, FL 33326

Title: D      ( ) Delete  
Name: LUECK, EILEEN  
Address: 2632 NE 5TH TERR  
City-St-Zip: WILTON MANORS, FL 33334

Title: D      (X) Delete  
Name: CAVE, PATRICIA  
Address: 1429 BARCELONE WAY  
City-St-Zip: WESTON, FL 33326

## 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: DEBRA KERN

VM

04/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date