

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000002615**

**1. Entity Name**  
**SPRING GATE SCHOOL, INC.**



**Principal Place of Business**  
**6515 W SUNRISE BLVD**  
**PLANTATION, FL 33313**

**Mailing Address**  
**2832 NE 24 CT.**  
**FT. LAUDERDALE, FL 33305**



02052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 31-1655952	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KERN, DEBRA**  
**2832 NE 24 CT.**  
**FT. LAUDERDALE, FL 33305**

**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** *Debra Kern*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*02-05-08*  
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**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	VM
<b>NAME</b>	KERN, DEBRA
<b>STREET ADDRESS</b>	2832 NE 24TH CT
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33305

<b>TITLE</b>	PT
<b>NAME</b>	KERN, RICHARD
<b>STREET ADDRESS</b>	2832 NE 24 CT
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33305

<b>TITLE</b>	SD
<b>NAME</b>	PHILLIPS, CINDY
<b>STREET ADDRESS</b>	447 NW 73RD AVE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE, FL 33317

<b>TITLE</b>	D
<b>NAME</b>	STARIN, STEPHEN
<b>STREET ADDRESS</b>	318 INDIAN TRACE SUITE 424
<b>CITY-ST-ZIP</b>	WESTON, FL 33326

<b>TITLE</b>	D
<b>NAME</b>	LUECK, EILEEN
<b>STREET ADDRESS</b>	2632 NE 5TH TERR
<b>CITY-ST-ZIP</b>	WILTON MANORS, FL 33334

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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02/15/08-80079-014 61.25

**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:** *Debra Kern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02-05-08*  
Date

*954-316-9330*  
Daytime Phone #