

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002615

FILED
Apr 18, 2009
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 ()

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:

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

04/18/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PHILLIPS, CINDY
Address: 447 N.W. 73RD. AVE.
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: SMITH, ROBEN
Address: 132 PLEASANT VALLEY DR.
City-St-Zip: DAYTONA BEACH, FL 32114

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: DEBRA KERN

VM

04/18/2009

Electronic Signature of Signing Officer or Director

Date