

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006800

Entity Name: SCHOOL DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

154 NW MAGNOLIA LAKES BLVD.
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

PO BOX 881237
PORT SAINT LUCIE, FL 34988

FEI Number: 45-2282390

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOTZ, MARK H
154 NW MAGNOLIA LAKES BLVD.
PORT SAINT LUCIE, FL 34986 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

Officer/Director Detail :

Title P
Name GOTZ, MARK H
Address 154 NW MAGNOLIA LAKES BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34986

Title S/T
Name GOTZ, MICHAEL
Address 154 NW MAGNOLIA LAKES BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name GOTZ, MEREDITH
Address 154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL. 34986
City-State-Zip: PORT SAINT. LUCIE FL 34986

Title DIRECTOR
Name WAHL, MELISSA
Address 154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL. 34986
City-State-Zip: PORT SAINT. LUCIE FL 34986

Title DIRECTOR
Name GOTZ, MEGAN
Address 154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL. 34986
City-State-Zip: PORT SAINT. LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: MARK H GOTZ

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date