

**2022 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 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

*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**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date