FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749933** **(8)**

1. Corporation Name

THE FLORIDA ASSOCIATION FOR THE GIFTED (FLAG), INC.

Principal Place of Business	Mailing Address
FLAG C/O GRACE MCDONALD 600 SE 3RD AVE. 9TH FL. FT. LAUD FL 33301 US	FLAG C/O GRACE MCDONALD 600 SE 3RD AVE. 9TH FL. FT. LAUD FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1979
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2446401 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

MCDONALD, M GRACE
600 SE 3RD AVE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE M. Grace McDonald M. Grace McDonald 1/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BARBA, NANCY	12 NAME	
STREET ADDRESS	600 SE 3RD AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	Director (D) ☑ Change ☐ Addition
NAME	RATLIFF, MARY ANN	22 NAME	300001489633
STREET ADDRESS	PO BOX 3408	23 STREET ADDRESS	-05/17/95--01006--010
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, M. GRACE	32 NAME	
STREET ADDRESS	600 SE 3RD AVE, 9TH FL.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	President (P) ☑ Change ☐ Addition
NAME	LENGELL, CANDACE	42 NAME	
STREET ADDRESS	445 W. AMELIA	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KLENETSKY, PHYLLIS	52 NAME	
STREET ADDRESS	600 SE3RD AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HANDLEY, MARYANNE	62 NAME	
STREET ADDRESS	2700 ST JOHNS ST	63 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	

5-12-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Grace McDonald M. Grace McDonald 4/17/95 (305) 767-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000047B