

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



3. Date Incorporated or Qualified

11/28/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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  
NAME BARBA, NANCY  
STREET ADDRESS 600 SE 3RD AVE  
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE D  
1.2 NAME Debby Harris  
1.3 STREET ADDRESS 2630 NW 41 Street., C-1  
1.4 CITY-ST-ZIP Gainesville fl 32606

TITLE D  
NAME RATLIFF, MARY ANN  
STREET ADDRESS PO BOX 3408  
CITY-ST-ZIP TAMPA FL

2.1 TITLE D  
2.2 NAME Cortland McKee  
2.3 STREET ADDRESS 3710 Estey Avenue  
2.4 CITY-ST-ZIP Naples FL 33942

TITLE T  
NAME MCDONALD, M. GRACE  
STREET ADDRESS 600 SE 3RD AVE, 9TH FL.  
CITY-ST-ZIP FT. LAUD FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  
NAME LENGELL, CANDACE  
STREET ADDRESS 445 W. AMELIA  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE P  
4.2 NAME Hilda Rosselli  
4.3 STREET ADDRESS 4202 East Fowler Avenue  
4.4 CITY-ST-ZIP Tampa FL 33620

TITLE D  
NAME KLENETSKY, PHYLLIS  
STREET ADDRESS 600 SE3RD AVE.  
CITY-ST-ZIP FT. LAUD FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME HANDLEY, MARYANNE  
STREET ADDRESS 2700 ST JOHNS ST  
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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. Signatures Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)