

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -4 PM 1:33

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
<b>FLAG C/O GRACE McDONALD</b> <b>600 SE 3RD AVE. 8TH FL.</b> <b>FT. LAUD FL 33301</b> <b>US</b>	<b>FLAG C/O GRACE McDONALD</b> <b>600 SE 3RD AVE. 9TH FL.</b> <b>FT. LAUD FL 33301</b> <b>US</b>

2. Principal Place of Business		2a. Mailing Address	
21	FLAG % Hilda Russell Suite, Apt. #, etc.	26	FLAG % Hilda Russell Suite, Apt. #, etc.
22	4202 E Fowler Ave City & State	27	4202 E Fowler Ave City & State
23	Tampa FL	28	Tampa FL
Zip Country		Zip Country	
24	33620 US	29	33620 US
25	US	30	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/28/1979</b>		3a. Date of Last Report <b>06/26/1996</b>	
4. FEI Number <b>59-2446401</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 <u>Rosselli, Hilda</u>		
82	Street Address (P.O. Box Number is Not Acceptable) <u>4202 E Fowler Ave</u>		
83	<u>EDU 208B</u>		
84	City <u>Tampa</u>	FL	85 Zip Code <u>33620</u>

SIGNATURE Hilda Rosselli Hilda Rosselli 10/28/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, DEBBY 2630 NW 41 STREET, C-1 GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKEE, CORTLAND 3710 ESTEY AVENUE NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDONALD, M. GRACE 600 SE 3RD AVE, 9TH FL. FT. LAUD FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSSELLI, HILDA 4202 EAST FOWLER AVENUE TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLENETSKY, PHYLLIS 600 SE3RD AVE. FT. LAUD FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDLEY, MARYANNE 2700 ST JOHNS ST MELBOURNE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN <input checked="" type="checkbox"/> 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	Cynthia Park
1.4 CITY-ST-ZIP	7740 NW 63rd Ave Portland, FL 33067
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000002340730--7
2.3 STREET ADDRESS	-11/06/97--01107--002
2.4 CITY-ST-ZIP	****236.25 ****236.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: [Signature] SIGNATURE REQUIRED BY: [Signature] Date: (8/3) 2017

CR2E037 (4/97)