

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90077 031 ****61.25

DOCUMENT # 749933 1. Entity Name THE FLORIDA ASSOCIATION FOR THE GIFTED (FLAG), INC.					
Principal Place of Business 734 JEFFERSON AVENUE LAKELAND, FL 33801 US			Mailing Address 734 JEFFERSON AVENUE LAKELAND, FL 33801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOCKE, LYNNE 734 JEFFERSON AVENUE LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATLIFF, MARYANN DR. 4406 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33624 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEE, LOIS 19711 NW 7TH STREET PEMBROKE PINES, FL 33029 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DONNAJO 16201 OWASCO CIRCLE DAVIE, FL 33331 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRSH, LAURI 242 COLUMBIA DRIVE TAMPA, FL 33606 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELLERS, HAZEL 1990 DE LA PALMA BARTOW, FL 33830 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, WILLARD 3378 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lois Lee</u> <u>Director/Treasurer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/13/04</u> <u>305 995-1922</u> Date Daytime Phone #		