## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 749933**

FILED Apr 22, 2005 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION FOR THE GIFTED (FLAG), INC.

| Current Principal Place of Business:                          |   |                                   | New Principal Place                              | New Principal Place of Business:             |  |
|---|---|-----------------------------------|--|--|--|
| 734 JEFFERSON AVENUE<br>LAKELAND, FL 33801 US                 |   |                                   | 19711 NW 7TH STR<br>PEMBROKE PINES,              |  |  |
| Current M   | lailing Addres  | ss:                               | New Mailing Addre                                | New Mailing Address:                         |  |
|   | ERSON AVENI<br>D, FL 33801                            | JE<br>US                          | 19711 NW 7TH STR<br>PEMBROKE PINES,              |  |  |
| FEI Number:   | : 59-2446401  | FEI Number Applied For ( )        | FEI Number Not Applicable ( )                    | Certificate of Status Desired (X)            |  |
| Name and  | Address of C  | Current Registered Agent:         | Name and Address                                 | of New Registered Agent:                     |  |
| LOCKE, LYNNE<br>734 JEFFERSON AVENUE<br>LAKELAND, FL 33801 US |   |                                   | LEE, LOIS<br>19711 NW 7TH STR<br>PEMBROKE PINES, |  |  |
|   | named entity se of Florida.                           | submits this statement for the p  | ourpose of changing its register                 | ed office or registered agent, or both,      |  |
| SIGNATURE: LOIS LEE   |   |                                   |  | 04/22/2005                                   |  |
|   | Electror  | nic Signature of Registered Age   | ent  | Date   |  |
| OFFICERS AND DIRECTORS:                                       |   |                                   | ADDITIONS/CHANG                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | RATLIFF, MAR  | LWOOD VILLAGE DRIVE               | Title:<br>Name:<br>Address:<br>City-St-Zip:      | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | LEE, LOIS<br>19711 NW 7TH                             | Delete<br>STREET<br>NES, FL 33029 | Title:<br>Name:<br>Address:<br>City-St-Zip:      | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | S ( )<br>KIRSH, LAURI<br>242 COLUMBIA<br>TAMPA, FL 33 |                                   | Title:<br>Name:<br>Address:<br>City-St-Zip:      | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | WHITE, WILLA<br>3378 FOREST                           |                                   | Title:<br>Name:<br>Address:<br>City-St-Zip:      | ( ) Change ( ) Addition                      |  |
|   |   |                                   |  |  |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LOIS LEE DT 04/22/2005