

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749933

FILED  
Apr 27, 2007  
Secretary of State

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

**Current Principal Place of Business:**

19711 NW 7TH STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

19711 NW 7TH STREET  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:** 59-2446401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE, LOIS  
19711 NW 7TH STREET  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RAWLINS, SUZANNE MS.  
Address: 200 N. CLARA  
City-St-Zip: DELAND, FL 32725

Title: DT ( ) Delete  
Name: LEE, LOIS  
Address: 19711 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete  
Name: KIRSH, LAURI  
Address: 242 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: WHITE, WILLARD  
Address: 3378 FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MS.

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date