

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749933

FILED
Apr 24, 2008
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.

04/24/2008

Electronic Signature of Signing Officer or Director

Date