

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90024 016 ****61.25

DOCUMENT # N98000003423

1. Corporation Name

A GIFT FOR TEACHING, INC.

486953 - 90024 - 16

Principal Place of Business

Mailing Address

5401 KIRKMAN RD. STE 300
ORLANDO FL 32819

5401 KIRKMAN RD. STE 300
ORLANDO FL 32819



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2814 CORRINE DR

26 2814 CORRINE DR.

06/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3515162

Not Applicable

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

24 32803

25 US

29 32803

30 US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDWIRTH, GARY

5401 KIRKMAN RD. STE 300
ORLANDO FL 32819

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2814 CORRINE DR.

83

84 City ORLANDO

FL

85 Zip Code
32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gary Landwirth* - GARY LANDWIRTH, PRESIDENT

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D ALLEN, SUE
STREET ADDRESS
6501 MAGIC WY
CITY-ST-ZIP
ORLANDO FL 32809

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D CAMPBELL, SCOTT
STREET ADDRESS
1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP
ORLANDO FL 32819

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D CIFERS, DOUG
STREET ADDRESS
2435 DUFF RD
CITY-ST-ZIP
LAKE LAND FL 33810

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D EVENSEN, JEFF
STREET ADDRESS
219 MONTEREY ISLE N
CITY-ST-ZIP
LONGWOOD FL 32750

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D GREENWOOD, DARRYL
STREET ADDRESS
PO BOX 10000 N/A
CITY-ST-ZIP
LAKE BUENA VISTA FL 32830

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D HOUCK, KEITH
STREET ADDRESS
201 E PINE ST
CITY-ST-ZIP
ORLANDO FL 32801

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Gary Landwirth* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

407-897-3612

CR2E037 (11/98)