


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90194 043 ****61.25

DOCUMENT # N98000003423

1. Entity Name
A GIFT FOR TEACHING, INC.



Principal Place of Business
2814 CORRINE DRIVE
ORLANDO, FL 32803 US

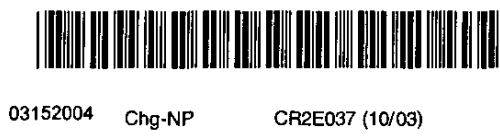
Mailing Address
2814 CORRINE DRIVE
ORLANDO, FL 32803 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



4. FEI Number
59-3515162

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LANDWIRTH, GARY
2814 CORRINE DR
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
 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 CAMPBELL, SCOTT 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RC</i> BOWMAN, SCOTT 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELISCU, ANDREA 1514 LAKE DANIEL DRIVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Amanda Paradis</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 S. Orange Avenue Suite 1800 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDWIRTH, GARY 2814 CORRINE DRIVE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THIELHELM, ROBERT W 200 S. ORANGE AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, SUZANNE 30 SOUTH LEVY LANE ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S Debbie Muse</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1303 Black willow Trail Altamonte Springs, FL 32714

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: *GARY LANDWIRTH* **GARY LANDWIRTH** **3/18/04** **407-897-3612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
24068207
#198000003423

**A Gift For Teaching, Inc.
Board of Directors (continued)
2002-2003**

Title D
Name Jon Land
Street Address 1375 Lake Buena Vista Dr.
City-State-Zip Lake Buena Vista, FL 32830

Title P
Name Gary Landwirth
Street Address 2814 Corrine Drive
City-State-Zip Orlando, FL 32803

Title D
Name Jim Shaw
Street Address 989 N. Semoran Blvd.
City-State-Zip Orlando, FL 32807

Title D
Name Sara Brady
Street Address 301 East Pine St., #105
City-State-Zip Orlando, FL 32801

Title D
Name Cathy Sterba
Street Address 3100 Clay Avenue
City-State-Zip Orlando, FL 32804

Title VC
Name Robert W. Thielhelm
Street Address 200 S. Orange Avenue
City-State-Zip Orlando, FL 32801

Title D
Name Nancy Miller
Street Address 5900 Lake Ellenor Drive
City-State-Zip Orlando, FL 32809

Title D
Name Robert F. Wagner
Street Address 14901 S. Orange Blossom Tr.
City-State-Zip Orlando, FL 32837

Title C
Name Jordan Lomas
Street Address 6277 Sea Harbor Drive
City-State-Zip Orlando, FL 32887

Title D
Name Maura Weiner
Street Address 447 Briarwood Drive
City-State-Zip Winter Park, FL 32789

Title D
Name Christine Daniels
Street Address 493 E. Semoran Blvd.
City-State-Zip Casselberry, FL 32707

Title D
Name Karl Nebel
Street Address 1201 South Orlando Ave.
#420
City-State-Zip Winter Park, FL 32789

Title D
Name David Pace
Street Address 4776 New Broad Street
Suite 110
City-State-Zip Orlando, FL 32814

Title D
Name Whitney Smith Tanenbaum
Street Address 301 East Pine Street
Ste. 1400
City-State-Zip Orlando, FL 32801