# SIGNATURE: JANE THOMPSON

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9800003423

Entity Name: A GIFT FOR TEACHING, INC.

# **Current Principal Place of Business:**

6501 MAGIC WAY BLDG. 400C ORLANDO, FL 32809

#### **Current Mailing Address:**

6501 MAGIC WAY BLDG. 400C ORLANDO, FL 32809 US

### FEI Number: 59-3515162

### Name and Address of Current Registered Agent:

THOMPSON, JANE 6501 MAGIC WAY BLDG. 400C ORLANDO, FL 32809 US

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

#### **Officer/Director Detail :**

Title	P	Title	DIRECTOR, TREASURER
Name	THOMPSON, JANE	Name	CHATTIN, RICK
Address	6501 MAGIC WAY BLDG 400 C	Address	20 NORTH ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR, VC	Title	DIRECTOR
Title Name	DIRECTOR, VC VALERIE, REED	Title Name	DIRECTOR BUSTOS, ED
Name	VALERIE, REED	Name	BUSTOS, ED

above, or on an attachment with all other like empowered. PRESIDENT

I hereby 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

03/30/2023

FILED Mar 30, 2023 Secretary of State 5416678038CC

Certificate of Status Desired: Yes

Date

Date