

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003423

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**Certificate of Status Desired:** Yes**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_____
Date**Officer/Director Detail :**

Title	P
Name	THOMPSON, JANE
Address	6501 MAGIC WAY BLDG 400 C
City-State-Zip:	ORLANDO FL 32809
Title	DPC
Name	PARADIS, AMANDA
Address	4331 ETHAN LANE
City-State-Zip:	ORLANDO FL 32814
Title	D
Name	THIELHELM, ROBERT W
Address	200 S. ORANGE AVENUE SUITE 2300
City-State-Zip:	ORLANDO FL 32801

Title	DS
Name	COLLINS, CHERYL A
Address	3160 SOUTHGATE COMMERCE BLVD.
	SUITE 50
City-State-Zip:	ORLANDO FL 32806
Title	DC
Name	NEBEL, KARL
Address	941 WEST MORSE BLVD
	SUITE 100
City-State-Zip:	WINTER PARK FL 32789
Title	DT
Name	BILL, FLUKE
Address	420 S. ORANGE AVENUE
	SUITE 200
City-State-Zip:	ORLANDO FL 32801

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

SIGNATURE: JANE THOMPSON**PRESIDENT****03/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date