

2015 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 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

Title DIRECTOR
Name LOMAS, JORDAN
Address 1000 DARDEN CENTER DRIVE
City-State-Zip: ORLANDO FL 32837

Title DS
Name COLLINS, CHERYL A
Address 3160 SOUTHGATE COMMERCE BLVD.
SUITE 50
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name THIELHELM, ROBERT W
Address 200 S. ORANGE AVENUE SUITE 2300
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BOWMAN, SCOTT
Address 2021 COLSON ALLEY
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name MELBOURNE, JOSEPH
Address 1000 PRIMERA BOUKEVARD
City-State-Zip: LAKE MARY FL 32746

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****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date