

**2022 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:** No**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 DIRECTOR  
Name LOMAS, JORDAN  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR, TREASURER  
Name CHATTIN, RICK  
Address 20 NORTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name GARCIA, LILLIAN  
Address 14901 S. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32837

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

Title DIRECTOR  
Name HAIR, JIM  
Address 201 S. ORANGE AVENUE  
SUITE 940  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, CHAIRMAN  
Name BUSTOS, ED  
Address 1000 HOLT AVENUE  
#2720  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR, VC  
Name VALERIE, REED  
Address 1000 UNIVERSAL STUDIO PLAZA  
City-State-Zip: ORLANDO FL 32819

**Continues on page 2**

*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****04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARNES, MALCOLM  
Address 1150 GREENWOOD BLVD.  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name TRACI, BJELLA  
Address 1800 S. KIRKMAN ROAD  
BLDG 6  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name DICTOR, LYNN  
Address 3811 WIMBLEDON DRIVE  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name HANSHAFT, JAN  
Address 1958 SUMMIT PARK DRIVE  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name MONTANEZ, SUSAN  
Address 301 S. ORLANDO AVENUE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name PALMER, MARY DR.  
Address 11410 SWIFT WATER CIRCLE  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name WILLIAMS, JUSTIN  
Address 92 W. MILLER STREET  
MP 301  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name BOWMAN, SCOTT  
Address 1800 S. LAKEMONT AVE #108  
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR  
Name PAMELA, CARROLL  
Address PO BOX 161250  
City-State-Zip: ORLANDO FL 32816

Title DIRECTOR  
Name DOUGHERTY, KEVIN  
Address 1000 PRIMERA BOULEVARD  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name HAYSLETT, BRENDA  
Address 400 W CHURCH STREET  
SUITE 250  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name MUSE, DEBBIE  
Address 1303 BLACK WILLOW TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name REED, CHRISTOPHER  
Address 6501 MAGIC WAY  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name STERBA, CATHERINE GIFT FOR  
Address 6501 MAGIC WAY BUILDING 400C  
City-State-Zip: ORLANDO FL 32809