

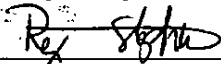
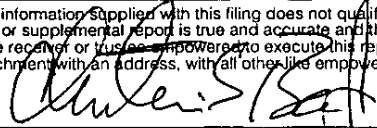


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 037 ****61.25

DOCUMENT # 754477 1. Entity Name GAMMA XI EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 13 FRATERNITY ROW GAINESVILLE, FL 32603			Mailing Address 5214-A SW 91ST DRIVE LAKE GENEVA, FL 32608-3006		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1050 Sweetbriar Road Suite, Apt. #, etc.		 04082005 Chg-NP CR2E037 (10/03)	
City & State		City & State Orlando, FL		4. FEI Number 59-2165941	
Zip 32806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONOHUE, JAMES M., JR. 5214-A SW 91ST DRIVE GAINESVILLE, FL 32608-3006				7. Name and Address of New Registered Agent Name Rex Stephens Street Address (P.O. Box Number is Not Acceptable) 1050 Sweetbriar Road City Orlando FL Zip Code 32806	
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  Rex Stephens <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE April 9, 2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BAUER, CHRISTIAN S JR 8661 ASPEN AVE ORLANDO, FL 32817	<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	VSD THOMPSON, MICHAEL 1300 LAKE ARIANA BLVD AUBURNDAL, FL 33823	<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	TD MAGUIRE, JOHN 1030 SW 101ST STREET GAINESVILLE, FL 32607	<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	 	<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	 	<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	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Christian S. Bauer, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE April 9, 2005 <small>Daytime Phone #</small>	