


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90043 026 \*\*\*\*61.25

**DOCUMENT # N01000007992**

1. Entity Name  
**GUARANTEED INVOLVEMENT FOR TEACHERS & STUDENTS, INC.**



Principal Place of Business  
**1220 E. INDUSTRIAL DRIVE  
 UNIT 11  
 ORANGE CITY, FL 32763**

Mailing Address  
**P.O. BOX 741392  
 ORANGE CITY, FL 32774-1392**

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3756014</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEVANE, JOELLE R  
 1220 E. INDUSTRIAL DRIVE  
 UNIT 11  
 ORANGE CITY, FL 32763**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, REGINA 448 E. UNIVERSITY AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVANE, BILL SR. 459 E. UNIVERSITY AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVANE, JOELLE R <del>409 W. FRENCH AVENUE</del> 721 E. French Ave ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVANE, KAREN L 459 E. UNIVERSITY AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RANDAZZO, SHELLEY 226 COUNCIL BLUFFS DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECKLEY, JENNIFER <del>1058 BELVEDERE DRIVE</del> 3106 CANBY DRIVE DELTONA, FL <del>32725</del> 32738

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karon L DeVane KAREN L. DEVANE 2-1-06 (386) 775-2120  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR/TREASURER Daytime Phone #