


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 025 ****61.25

| | |
|--|---|
| DOCUMENT # N01000007992 |  |
| 1. Entity Name | |
| GUARANTEED INVOLVEMENT FOR TEACHERS & STUDENTS, INC. | |

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1220 E. INDUSTRIAL DRIVE UNIT 11 ORANGE CITY FL 32763 | P.O. BOX 741392 ORANGE CITY FL 32774-1392 |



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E037 (10/06)

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DEVANE, JOELLE R 1220 E. INDUSTRIAL DRIVE UNIT 11 ORANGE CITY FL 32763 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____

| | | | |
|--|---|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADLEY, REGINA | NAME | |
| STREET ADDRESS | 448 E. UNIVERSITY AVENUE | STREET ADDRESS | |
| CITY - ST - ZIP | ORANGE CITY FL 32763 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVANE, BILL SR. | NAME | |
| STREET ADDRESS | 459 E. UNIVERSITY AVENUE | STREET ADDRESS | |
| CITY - ST - ZIP | ORANGE CITY FL 32763 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVANE, JOELLE R | NAME | |
| STREET ADDRESS | 721 E FRENCH AVE | STREET ADDRESS | |
| CITY - ST - ZIP | ORANGE CITY FL 32763 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVANE, KAREN L | NAME | |
| STREET ADDRESS | 459 E. UNIVERSITY AVENUE | STREET ADDRESS | |
| CITY - ST - ZIP | ORANGE CITY FL 32763 | CITY - ST - ZIP | |
| TITLE | DIR <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RANDAZZO, SHELLEY | NAME | |
| STREET ADDRESS | 226 COUNCIL BLUFFS DRIVE | STREET ADDRESS | |
| CITY - ST - ZIP | DELTONA FL 32725 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MECKLEY, JENNIFER | NAME | |
| STREET ADDRESS | 3106 CAN BY DR | STREET ADDRESS | |
| CITY - ST - ZIP | DELTONA FL 32738 | CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen DeVane KAREN DEVANE 3-30-07 (386) 848465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #