


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 050 ****61.25

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|--|-----------------------------------|---|--|---|----------|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03032008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-3756014 Applied For 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | BRADLEY, REGINA | NAME | Bradford Tallman | | |
| STREET ADDRESS | 448 E. UNIVERSITY AVENUE | STREET ADDRESS | 1336 RIVERSIDE DRIVE | | |
| CITY-ST-ZIP | ORANGE CITY, FL 32763 | CITY-ST-ZIP | HOLLY HILL FL 32117 | | |
| 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 | 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 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <u>Karen Devane</u> KAREN DEVANE | | Date: <u>03-03-08</u> | | Daytime Phone #: <u>(386) 804-8465</u> | |