

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-05-2008 90025 050 ****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		
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	
				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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reissuing) _____ DATE _____					
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			03-03-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		