

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007992

FILED
Apr 03, 2009
Secretary of State

Entity Name: GUARANTEED INVOLVEMENT FOR TEACHERS & STUDENTS, INC.

Current Principal Place of Business:

1220 E. INDUSTRIAL DRIVE
UNIT 11
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 741392
ORANGE CITY, FL 327741392

New Mailing Address:

FEI Number: 59-3756014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRADLEY, REGINA
Address: 448 E. UNIVERSITY AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: DEVANE, BILL SR.
Address: 459 E. UNIVERSITY AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: DEVANE, JOELLE R
Address: 721 E FRENCH AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: DEVANE, KAREN L
Address: 459 E. UNIVERSITY AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: MECKLEY, JENNIFER
Address: 3106 CAN BY DR
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: TALLMAN, BRADFORD
Address: 1336 RIVERSIDE DRIVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MECKLEY, JENNIFER
Address: 3106 CANBY DR
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L. DEVANE

DIR

04/03/2009

Electronic Signature of Signing Officer or Director

Date