

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# N02000002410

Entity Name: GAYUNIVERSITY.ORG INC.

Current Principal Place of Business:

6043 CRANE DRIVE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1907
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 75-3042227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGG, JAMES P
6043 CRANE DRIVE
LAKELAND, FL 33809 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: HOGG, JAMES P
Address: P.O. BOX 1907
City-St-Zip: ORLANDO, FL 32802 US

Title: D () Delete
Name: SUMMERS, STEVE DR
Address: P.O. BOX 1907
City-St-Zip: ORLANDO, FL 32802 US

Title: D () Delete
Name: HARVEY, CHRIS MR
Address: P.O. BOX 1907
City-St-Zip: ORLANDO, FL 32802 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P HOGG

D

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date