2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04000011714

Entity Name: FRIENDS AND RELATIVES OF GIFTED STUDENTS, INC.

Current Principal Place of Business:

26 DOLPHIN ROAD
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

26 DOLPHIN ROAD
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 20-2754939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, MICHELE
26 DOLPHIN ROAD
KEY LARGO, FL 33037 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:	DT	( ) Delete
Name:	LEE, MICHELE	
Address:	26 DOLPHIN ROAD	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	DP	( ) Delete
Name:	LANE, LINDA	
Address:	706 BARCELONA RD	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	DVP	( ) Delete
Name:	SANDS, MELANIE	
Address:	473 BARRACUDA BLVD	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	DS	( ) Delete
Name:	CULLEN, TANYA	
Address:	397 LAGUNA AVE	
City-St-Zip:	KEY LARGO, FL 33037	

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:	

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: MICHELE G. LEE DT 05/01/2006

Electronic Signature of Signing Officer or Director — Date