

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011714

FILED  
Apr 28, 2007  
Secretary of State

**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 ( )**

**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 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

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date