

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N17725

1. Entity Name
FLORIDA GAMMA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
**212 S. MONROE ST.
TALLAHASSEE, FL 32301**

Mailing Address
**P.O. BOX 37305
TALLAHASSEE, FL 32315 US**



02092005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3021855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GAVALAS, MIKE
212 S. MONROE ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'LEARY, PATRICK G 6130 BORDERLINE DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILAMAN, BILL 3002 BRANDEMERE DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANFORD, ERINIE 13039 GOPHERWOOD TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUARD, JOHN M 4711 S. HIMES AVE #403 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANG, DAVE 6025 ROBERTS RD. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARNES, BOB 518 N. RIDE TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dave Lang **DAVE LANG**

9 Feb 05 850-893-7644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #