


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90252 014 ****70.00

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		
2. Principal Place of Business 249 JOHN KNOX ROAD Suite, Apt. #, etc. SUITE 100		3. Mailing Address Suite, Apt. #, etc. 		04262006 Chg-NP CR2E037 (11/05)	
City & State TALLAHASSEE, FL		City & State 		4. FEI Number 59-3021855	
Zip 32303		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAVALAS, MIKE 212 S. MONROE ST TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name PATRICK D'LEARY Street Address (P.O. Box Number is Not Acceptable) 249 JOHN KNOX ROAD SUITE 100 City TALLAHASSEE FL Zip Code 32303	
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 <i>Patrick D. O'Leary</i> PATRICK G. O'LEARY 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'LEARY, PATRICK G 6130 BORDERLINE DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILAMAN, BILL 3002 BRANDEMERE DR. TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/DIRECTOR ADAM CORLEY 2006 ALTON ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANFORD, ERINIE 13039 GOPHERWOOD TRAIL TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/DIRECTOR ROGER GREEN 2817 REBECCA DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUARD, JOHN M 4711 S. HIMES AVE #403 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR MICHAEL YAWORSKY 2112 SCENIC ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANG, DAVE 6025 ROBERTS RD. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR MICHAEL GAVALAS 212 S. MONROE ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARNES, BOB 518 N. RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patrick G. O'Leary, Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/06 850/386-8500 <small>Date Daytime Phone #</small>		

PATRICK G. O'LEARY, PRESIDENT