

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 006 ****70.00

DOCUMENT # N17725 1. Entity Name FLORIDA GAMMA EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 249 JOHN KNOX RD STE 100 TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 37305 TALLAHASSEE, FL 32315 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3021855	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent O'LEARY, PATRICK 249 JOHN KNOX RD STE 100 TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 249 JOHN KNOX RD STE 100 City TALL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD O'LEARY, PATRICK G <input type="checkbox"/> Delete 6130 BORDERLINE DR TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COREY, ADAM <input type="checkbox"/> Delete 2006 ALTON RD TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CREIN, ROGER <input type="checkbox"/> Delete 2817 REBECCA DR TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREEN ROGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNSEKY, MICHAEL <input type="checkbox"/> Delete 2112 SCENIC RD TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOVALAS, MICHAEL <input checked="" type="checkbox"/> Delete 212 S MONROE CT TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL N GOVALAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 212 S MONROE ST TALL FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARNES, BOB <input type="checkbox"/> Delete 518 N. RIDE TALLAHASSEE, FL 32303		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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/07 Daytime Phone # 850-385-6866		