

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N17725**

1. Entity Name  
**FLORIDA GAMMA EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business  
**249 JOHN KNOW RD STE 100  
TALLAHASSEE, FL 32303**

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

FILED

2008 MAY -1 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3021855**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O'LEARY, PATRICK  
249 JOHN KNOX RD  
SUITE 100  
TALLAHASSEE, FL 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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME O'LEARY, PATRICK G  
STREET ADDRESS 6130 BORDERLINE DR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VPD  
NAME COREY, ADAM  
STREET ADDRESS 2006 ALTON RD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VPD  
NAME GRBEN, ROGER  
STREET ADDRESS 2817 REBECCA DR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE SD  
NAME YOUNSEKY, MICHAEL  
STREET ADDRESS 2112 SCENIC RD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE TD  
NAME GAVALAS, MICHAEL N  
STREET ADDRESS 212 S MONROE CT  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VD  
NAME CARNES, BOB  
STREET ADDRESS 518 N. RIDE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

700129482237  
05/14/08--01041--039 \*\*70.00

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:**

*Patrick M O'Leary, Esq. Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08  
Date

850/386-8520  
Daytime Phone #