

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17725

FILED
May 27, 2009
Secretary of State

Entity Name: FLORIDA GAMMA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

249 JOHN KNOW RD STE 100
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37305
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-3021855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

O'LEARY, PATRICK
249 JOHN KNOX RD
SUITE 100
TALLAHASSEE, FL 32303 US

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: PD () Delete
Name: O'LEARY, PATRICK G
Address: 6130 BORDERLINE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: COREY, ADAM
Address: 2006 ALTON RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPD () Delete
Name: GRBEN, ROGER
Address: 2817 REBECCA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: YOUNSEKY, MICHAEL
Address: 2112 SCENIC RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: GAVALAS, MICHAEL N
Address: 212 S MONROE CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: CARNES, BOB
Address: 518 N. RIDE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GREEN, ROGER
Address: 2817 REBECCA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD (X) Change () Addition
Name: YAWORSKY, MICHAEL SD
Address: 2112 SCENIC RD
City-St-Zip: TALLAHASSEE, FL 32303

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: PATRICK G. O'LEARY

PRES

05/27/2009

Electronic Signature of Signing Officer or Director

_____ Date