2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N17725

Entity Name: FLORIDA GAMMA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

249 JOHN KNOX 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)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

Title: VPD
Name: GREEN, ROGER
Address: 2817 REBECCA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD
Name: YAWORSKY, MICHAEL SD
Address: 2112 SCENIC RD
City-St-Zip: TALLAHASSEE, FL 32303

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICK G. O'LEARY, PRESIDENT PRES 04/29/2011

Electronic Signature of Signing Officer or Director Date