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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21051** **(0)**

1. Corporation Name

GIFT EDUCATIONAL CENTER FOR DISABLED CHILDREN, I NC.

Principal Place of Business	Mailing Address
9767 IVEY RD JACKSONVILLE FL 32216 US	200 WEST FORSYTH STREET SUITE 1020 JACKSONVILLE FL 32202-4347 US

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 06/26/1996

2. Principal Place of Business
21 200 West Forsyth Street
Suite, Apt. #, etc.
22 1100
City & State
23 Jacksonville, FL
Zip 24 32202 Country 25 Duval

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHOWALTER, RUSSELL H. JR.
200 WEST FORSYTH STREET
~~#1020~~ 1100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Russell H. Showalter Jr., President + Registered Agent, 4/8/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLATZER, SUSAN D.	1.2 NAME	
STREET ADDRESS	1351 JOURNEYS END LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHOWALTER, RUSSELL H. JR	2.2 NAME	
STREET ADDRESS	200 W. FORSYTH STREET, #1020	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, ERIC N CPA	3.2 NAME	
STREET ADDRESS	4417 BEACH BLVD #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTOYA, H WILLIAM	4.2 NAME	
STREET ADDRESS	1211 N. THIRD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARNIC, LINDA	5.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS CIRCLE WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VAIL, ROBIN S DR.	6.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS CIRCLE W, #306	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell H. Showalter Jr. PRESIDENT Russell H. Showalter, Jr. (904) 355-1155 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E037 (9/96)