2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90359 029 ****61.25

0011374

DOCUMENT # N44999

1. Entity Name

THE GIFT OF LEARNING FOUNDATION, INC.

Principal Place of Business	Mailing Address
1698 HIBISCUS AVE WINTER PARK FL 32789 US	1698 HIBISCUS AVE WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 W. Lancaster Rd.	900 W. Lancaster Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32809 Country: Orange	Zip: 32809 Country: Orange

4. FEI Number: 59-3085393 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYMAN, NIEVES 1698 HIBISCUS AVE WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KITE, GREGORY F 1267 WATERWITCH COVE CIRCLE ORLANDO FL 32806	☐ Delete	PD KITE, GREGORY F. 900 W. LANCASTER RD. ORLANDO, FL 32809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYMAN, NIEVES A 1698 HIBISCUS AVE. WINTER PARK FL 32789	☐ Delete	D LYMAN, NIEVES A. 1698 HIBISCUS AVE WINTER PARK, FL 32789	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNERY, MENTE 632 W. AMELIA AVE. ORLANDO FL 32801	☑ Delete	D JAMES, CHRISTINA 900 W. LANCASTER RD. ORLANDO, FL 32809	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. I 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 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: [signature] President Gregory F. Kite 4/29/02 (321) 217-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #