

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44999

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** THE GIFT OF LEARNING FOUNDATION, INC.

**Current Principal Place of Business:**

1877 W OAK RIDGE RD  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

1877 W OAK RIDGE RD  
ORLANDO, FL 32809 US

**New Mailing Address:**

**FEI Number:** 59-3085393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COX, DENNIS M SR  
1877 W OAK RIDGE RD  
ORLANDO, FL 32809 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: DV  
Name: KITE, GREGORY F  
Address: 1877 W OAK RIDGE RD  
City-St-Zip: ORLANDO, FL 32809 US

Title: PD  
Name: KITE, JENNIFER L  
Address: 1877 W OAK RIDGE RD  
City-St-Zip: ORLANDO, FL 32809 US

Title: DV  
Name: JAMES, CHRISTINA D  
Address: 1877 W OAK RIDGE RD  
City-St-Zip: ORLANDO, FL 32809 US

Title: T  
Name: KITE, GREGORY F  
Address: 1877 W OAK RIDGE RD  
City-St-Zip: ORLANDO, FL 32809 US

Title: S  
Name: COX, ALICE P  
Address: 1877 W OAK RIDGE RD  
City-St-Zip: ORLANDO, FL 32809 US

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: JENNIFER L KITE

PD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date