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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003212 (5)**

1. Corporation Name

ACADEMY FOR THE GIFTED, INC.

Principal Place of Business

Mailing Address

**337 7TH AVE. NORTH
TIERRA VERDE FL 33715**

**337 7TH AVE. NORTH
TIERRA VERDE FL 33715**



3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

59-2698127

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

as above

as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

USA

Zip

Country

USA

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHASE, DEBRA K
337 7TH AVE. NORTH
TIERRA VERDE FL 33715**

81 Name

N/A

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

Debra K. Chase

Debra K. Chase

4-8-98

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

NAME **CHASE, DEBRA K**
STREET ADDRESS **337 7TH AVE. NORTH**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **D** ☐ DELETE

NAME **MIZWA, MICHELLE**
STREET ADDRESS **308 MONTE CRISTO BLVD.**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **D** ☐ DELETE

NAME **BROWN, EARL T**
STREET ADDRESS **P.O. BOX 770917 N/A**
CITY-ST-ZIP **TAMPA FL 33679**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**President; Vice-President
Director**

P/VP/D

Secretary/Director S/D

**MICHELLE MIZWA
c/o 337 - 7 AVENUE NORTH
TIERRA VERDE, FL 33715-1858**

Treasurer/Director

**T/D
BROWN, EARL T.
8431 - 121 AVENUE NORTH
LARGO, FL 34643**

14. 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 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:

Debra K. Chase

4-8-98 (813)347-2398

CR2E037 (10/97)