

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90024 046 ****61.25

DOCUMENT # N96000003212

1. Entity Name

ACADEMY FOR THE GIFTED, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2698127**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Debra Chase

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEBRA CHASE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MIZWA, MICHELLE
C/O 337-7 AVENUE NORTH
TIERRA VERDE FL 33715-1858** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JEANETTE HENRICI
c/o 337-7 Avenue North
Tierra Verde, FL 33715-1858** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
PENDER, GAIL
C/O 337-7 AVENUE NORTH
TIERRA VERDE FL 33715** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Debra Chase* **REQUIRED**

4-25-03

CR2E037 (10/02)