

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000042796

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: GIFTS OF LEARNING FOUNDATION, INC.

Current Principal Place of Business:

356 GOLFVIEW RD
#502
NORTH PALM BCH, FL 33420

New Principal Place of Business:

356 GOLFVIEW RD
#502
NORTH PALM BCH, FL 33408

Current Mailing Address:

P O BOX 30098
NORTH PALM BCH, FL 33420

New Mailing Address:

P O BOX 30098
PALM BCH GRDNS, FL 33420

FEI Number: 65-0423813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALLAMO, JAMES A
12553 WOODMILL DRIVE
PALM BCH GARDENS, FL 33418

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: MALLAMO, JAMES A
Address: 12553 WOODMILL DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. MALLAMO

PDS

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date