

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008072

**Entity Name:** FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES GAINESVILLE, INC.**Current Principal Place of Business:**7022 NW 10TH PLACE  
GAINESVILLE, FL 32605**Current Mailing Address:**2611 TEMPLE HEIGHTS DRIVE, SUITE A  
OCEANSIDE, CA 92056 US**FEI Number: 47-0897469****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	LAWSON, ALENA
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	PARENT DESIGNEE
Name	JONES, TONY
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	SECRETARY
Name	SCHWAB, STEVEN
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	ZAGAISKI, GERALD
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	STOKES, CHRISTOPHER
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	STUDENT REPRESENTATIVE
Name	COWART, JACKSON
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

*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: STEVEN SCHWAB****SECRETARY****04/07/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date