

2021 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:**1204 NW 69TH TERRACE
SUITE B
GAINESVILLE, FL 32605 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	SECRETARY/TREASURER
Name	SCHWAB, STEVEN
Address	7022 NW 10TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

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

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

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

Title	DIRECTOR
Name	WARNER, SUZANNE DR.
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****04/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date