

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007119

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**3458898982CC**

**Entity Name:** THE GALILEO SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

3900 E STATE ROAD 46  
SANFORD, FL 32771

**Current Mailing Address:**

3900 E STATE ROAD 46  
SANFORD, FL 32771 US

**FEI Number: 27-3272719**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NUNEZ, MICHELLE  
3900 E STATE ROAD 46  
SANFORD, FL 32771 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: MICHELLE NUNEZ**

**02/01/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GILL, MICHELE G  
Address        10323 TARABY COURT  
City-State-Zip: ORLANDO FL 32817

Title            SECT  
Name            HAHS- VAUGHN, DEBBIE  
Address        1814 SHADOW PINE COURT  
City-State-Zip: OVIEDO FL 32766

Title            VICE-CHAIRMAN  
Name            RIVERA, JAVIER A  
Address        129 ROSE HILL TRAIL  
City-State-Zip: SANFORD FL 32773

Title            BOARD MEMBER  
Name            MILLER, KEVIN  
Address        4095 FLOWERING STREAM WAY  
City-State-Zip: OVIEDO FL 32766

Title            BOARD MEMBER  
Name            EDWARDS, CALEB  
Address        231 MAGNOLIA PARK TR  
City-State-Zip: SANFORD FL 32773

Title            BOARD MEMBER  
Name            MARGADONNA, RICH  
Address        816 MAPLE LEAF LOOP  
City-State-Zip: WINTER SPRINGS FL 32708

Title            TREASURER  
Name            MACLAREN, JOSEPH  
Address        1606 WHITE CLOUD CT  
City-State-Zip: WINTER SPRINGS FL 32708

Title            BOARD MEMBER  
Name            MARSHALL, TREVA  
Address        668 FANNING DRIVE  
City-State-Zip: WINTER SPRINGS FL 32708

**Continues on page 2**

*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: MICHELE GILL**

**PRINCIPAL**

**02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name BRODEUR, JASON  
Address 3900 E STATE ROAD 46  
City-State-Zip: SANFORD FL 32771