

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007119

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC2401090477**

**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: No**

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

MICHELLE, NUNEZ  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GILL, MICHELE G  
Address 10323 TARABY COURT  
City-State-Zip: ORLANDO FL 32828

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 TREASURER  
Name MONTGOMERY, MELODY  
Address 3900 E STATE ROAD 46  
City-State-Zip: SANFORD FL 32771

Title MEMBER  
Name MARGADONNA, RICH  
Address 3900 E STATE ROAD 46  
City-State-Zip: SANFORD FL 32771

Title BOARD MEMBER  
Name LANE, MICHAEL  
Address 187 MAGNOLIA PARK TRAIL  
City-State-Zip: SANFORD FL 32773

**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**

**CHAIR**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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