

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008935

Entity Name: GIFFORD HIGH SCHOOL TRANSFORMATIONAL CLASS OF 1967, INC.**Current Principal Place of Business:**4215 28TH CT
VERO BEACH, FL 32967**Current Mailing Address:**4215 28TH CT
VERO BEACH, FL 32967 US**FEI Number: 83-1091748****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYLES, EFFIE
4215 28TH CT
VERO BEACH, FL 32967 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	HUNTER, TYRANNY
Address	2572 SUSSEX CT
City-State-Zip:	WALDORF MD 20602

Title	VP
Name	COLLEY, LILLIE
Address	15920 S.W. 102ND AVE
City-State-Zip:	MIAMI FL 33157

Title	S
Name	SAVAGE, EUGENE
Address	414 S.W. KESTOR DR
City-State-Zip:	PORT ST.LUICE FL 34953

Title	T
Name	LYLES, EFFIE
Address	4215 28TH CT
City-State-Zip:	VERO BEACH FL 32967

Title	DIRECTOR
Name	DARRISAW, WILLIAM
Address	9181 DRAYTON LANE
City-State-Zip:	FORT MILL SC 29707

Title	CHAPLAIN
Name	HAGANS, HATTIE PEARL
Address	359 7TH COURT SW
City-State-Zip:	VERO BEACH FL 32962

Title	SERGEANT AT ARMS
Name	MCGRIFF, CHARLES
Address	4550 42ND CIRCLE
City-State-Zip:	VERO BEACH FL 32967

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: EFFIE LYLES**TREASURER****01/06/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date