

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001772

**Entity Name:** GEA UNIVERSITY CORPORATION**Current Principal Place of Business:**7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702**Current Mailing Address:**7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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, CHAIRMAN, RECTOR<br>MAGNIFICENT |
| Name            | VAN ELLINKHUIZEN, CHIARA           |
| Address         | 7901 4TH ST N<br>STE 300           |
| City-State-Zip: | ST. PETERSBURG FL 33702            |

|                 |                          |
|-----------------|--------------------------|
| Title           | VP, OFFICER              |
| Name            | ROSSI, GABRIELLA         |
| Address         | 7901 4TH ST N<br>STE 300 |
| City-State-Zip: | ST. PETERSBURG FL 33702  |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | VP, VC, DEAN OF THE FACULTY OF<br>FINE ARTS |
| Name            | CALEFFI, FABRIZIO                           |
| Address         | 7901 4TH ST N<br>STE 300                    |
| City-State-Zip: | ST. PETERSBURG FL 33702                     |

|                 |                          |
|-----------------|--------------------------|
| Title           | OFFICER                  |
| Name            | BOSCARIOL, MIKAEL        |
| Address         | 7901 4TH ST N<br>STE 300 |
| City-State-Zip: | ST. PETERSBURG FL 33702  |

*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:** CHIARA VAN ELLINKHUIZEN

P, RECTOR MAGNIFICENT 04/30/2023

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