## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000001772

**Entity Name: GEA UNIVERSITY CORPORATION** 

**FILED** Apr 10, 2025 **Secretary of State** 8796071074CC

## **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: 37-2071623 Certificate of Status Desired: Yes

## 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:

Date Electronic Signature of Registered Agent

Name

Officer/Director Detail:

Title PRESIDENT, CHAIRMAN, RECTOR Title VP. VC. DEAN OF THE FACULTY OF

> MAGNIFICENT, OFFICER FINE ARTS, OFFICER

> VAN ELLINKHUIZEN, CHIARA CALEFFI, FABRIZIO Name

Name

7901 4TH ST N 7901 4TH ST N Address Address STE 300 STE 300

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DEAN OF THE FACULTY OF MUSIC, Title **OFFICER** 

**OFFICER** 

ROSSI, GABRIELLA Name

Address 7901 4TH ST N Address 7901 4TH ST N **STE 300** 

**STE 300** City-State-Zip:

ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title **OFFICER** 

THANKSGIVING CHURCH OF GREAT Name

**SPIRIT** 

Address 7901 4TH ST N

STE 300

ST. PETERSBURG FL 33702 City-State-Zip:

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

**PRESIDENT** 

BOSCARIOL, MIKAEL

04/10/2025