

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44999

Entity Name: THE GIFT OF LEARNING FOUNDATION, INC.**Current Principal Place of Business:**1877 W OAK RIDGE RD
ORLANDO, FL 32809**Current Mailing Address:**1877 W OAK RIDGE RD
ORLANDO, FL 32809 US**FEI Number:** 59-3085393**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COX, DENNIS MSR
1877 W OAK RIDGE RD
ORLANDO, FL 32809 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 DV
Name KITE, GREGORY F
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

Title PD
Name KITE, JENNIFER L
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

Title DV
Name JAMES, CHRISTINA D
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

Title T
Name KITE, GREGORY F
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

Title S
Name COX, ALICE P
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

Title REPRESENTATIVE
Name ROLLINS, WAYNE
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

Title REPRESENTATIVE
Name TURNER, JEFFREY
Address 1877 W OAK RIDGE RD
City-State-Zip: ORLANDO FL 32809

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: JENNIFER L KITE

PD

02/08/2019

Electronic Signature of Signing Officer/Director Detail_____
Date