

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N00000007690

1. Entity Name
FOR GIVING FOUNDATION, INC.



Principal Place of Business
 125A EAST MARKS STREET
 ORLANDO, FL 32803

Mailing Address
 125A EAST MARKS STREET
 ORLANDO, FL 32803



04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3703693

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOSSERMAN, RICHARD
 125A EAST MARKS ST.
 ORLANDO, FL 32803

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

000000901326
 04/29/08-80064-014 61.25

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: BOSSERMAN, RICHARD E
 STREET ADDRESS: 125A EAST MARKS STREET
 CITY-ST-ZIP: ORLANDO, FL 32803

TITLE: D
 NAME: BOSSERMAN, NANCY H
 STREET ADDRESS: 125A EAST MARKS STREET
 CITY-ST-ZIP: ORLANDO, FL 32803

TITLE: D
 NAME: CUDA, SEAN
 STREET ADDRESS: 2056 SUE HARBOUR COVE
 CITY-ST-ZIP: ORLANDO, FL 32803

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Bosserman **RICHARD E. BOSSERMAN**

April 14, 2008 **April 14, 2008 407-423-7700**

Date

Daytime Phone #