

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 05, 2005  
Secretary of State

DOCUMENT# N17610

Entity Name: LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

## Current Principal Place of Business:

LGF C/O GAIL CAMPUTARO  
160 N BEACH ST  
DAYTONA BEACH, FL 32114 US

## New Principal Place of Business:

LIVING GIFTS FOUNDATION  
160 N BEACH ST  
DAYTONA BEACH, FL 32114 US

## Current Mailing Address:

LFG C/O GAIL CAMPUTARO  
PO BOX 671  
DAYTONA BEACH, FL 321150671 US

## New Mailing Address:

LIVING GIFTS FOUNDATION  
PO BOX 671  
DAYTONA BEACH, FL 321150671 US

FEI Number: 59-2785991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPUTARO, GAIL F.  
160 N BEACH ST  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

CAMPUTARO, GAIL F  
160 N BEACH ST  
DAYTONA BEACH, FL 32114 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: GAIL F CAMPUTARO

04/05/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MERCER, FRANK  
Address: 3732 LONG GROVE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: TD ( ) Delete  
Name: RODDY, EDMOND  
Address: 4777 CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: SD ( ) Delete  
Name: JANS, KAREN  
Address: 312 GEORGETOWN  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VD (X) Delete  
Name: PINELLO, JOSEPH P  
Address: 1036 DERBYSHIRE RD  
City-St-Zip: DAYTONA BEACH, FL 32117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PINELLO, JOE  
Address: 1036 DERBYSHIRE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: RAMBO, BILL  
Address: 165 GULL CIRCLE NORTH  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAIL F CAMPUTARO

ED

04/05/2005

Electronic Signature of Signing Officer or Director

Date