

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008538

**Entity Name:** GIMME 4 INC.**Current Principal Place of Business:**446 EAST TILLMAN AVE.  
LAKE WALES, FL 33853**Current Mailing Address:**PO BOX 321  
LAKE WALES, FL 33859**FEI Number:** 90-0758607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TURNER, JUSTIN R  
446 EAST TILLMAN AVE.  
LAKE WALES, FL 33853 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	PCEO
Name	TURNER, JUSTIN R
Address	446 EAST TILLMAN AVE
City-State-Zip:	LAKE WALES FL 33853

Title	VD
Name	TURNER, HAYLEY G
Address	446 EAST TILLMAN AVE.
City-State-Zip:	LAKE WALES FL 33853

Title	D
Name	MOSKOVITS, CHRISTINE B
Address	8142 OAKHURST BLVD
City-State-Zip:	LAKELAND FL 33810

Title	D
Name	DUNSFORD, MARK W
Address	6155 BETHLEHEM RD
City-State-Zip:	MULBERRY FL 33860

Title	D
Name	HAAG, SHAUN A
Address	2237 CAPE HEATHER CIRCLE
City-State-Zip:	CAPE CORAL FL 33991

*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:** JUSTIN TURNER

PCEO

02/27/2014

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