

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011635

Entity Name: SIGNATURE GIVES BACK, INC.

Current Principal Place of Business:

901-C CLINT MOORE RD.
BOCA RATON, FL 33487

Current Mailing Address:

901-C CLINT MOORE RD.
BOCA RATON, FL 33487 US

FEI Number: 81-4670795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAIVEN, JACK
901-C CLINT MOORE RD.
BOCA RATON, FL 33487 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 PRESIDENT, DIRECTOR
Name SCHACTER, BEN
Address 901-C CLINT MOORE RD.
City-State-Zip: BOCA RATON FL 33487

Title VP, TREASURER, DIRECTOR
Name JAIVEN, JACK
Address 901-C CLINT MOORE RD.
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY, DIRECTOR
Name KING JAIVEN, KRISTEN
Address 901-C CLINT MOORE RD.
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT VICE PRESIDENT
Name PRESSNER, WENDY
Address 901-C CLINT MOORE RD.
City-State-Zip: BOCA RATON FL 33487

Title ASSISTANT VICE PRESIDENT
Name BENJAMIN, IVAN M JR.
Address 901-C CLINT MOORE RD.
City-State-Zip: BOCA RATON FL 33487

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: KRISTEN KING JAIVEN

DIRECTOR/SECRETARY

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date