

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000165

**Entity Name:** AMERICAN ONLINE GIVING FOUNDATION, INC.**Current Principal Place of Business:**2454 NORTH MCMULLEN BOOTH ROAD  
SUITE 431  
CLEARWATER, FL 33759**Current Mailing Address:**2454 NORTH MCMULLEN BOOTH ROAD  
SUITE 431  
CLEARWATER, FL 33759 US**FEI Number:** 81-0739440**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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:** DELANIE CASE, ASSISTANT SECRETARY

02/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	DE LOTTINVILLE, BRYAN
Address	2454 NORTH MCMULLEN BOOTH ROAD SUITE 431
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR
Name	FIELDS, KATHY
Address	2454 NORTH MCMULLEN BOOTH ROAD SUITE 431
City-State-Zip:	CLEARWATER FL 33759

Title	TREASURER, DIRECTOR
Name	PAMENTER, DAVID
Address	2454 NORTH MCMULLEN BOOTH ROAD SUITE 431
City-State-Zip:	CLEARWATER FL 33759

Title	SECRETARY
Name	SCHMITT, KELLY
Address	2454 NORTH MCMULLEN BOOTH ROAD SUITE 431
City-State-Zip:	CLEARWATER FL 33759

*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:** BRYAN DE LOTTINVILLE

PRESIDENT

02/11/2020

Electronic Signature of Signing Officer/Director Detail

Date