

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005239

FILED
Apr 30, 2008
Secretary of State

Entity Name: GENEROUS GIVING INC

Current Principal Place of Business:

820 BROAD STREET
SUITE 300
CHATTANOOGA, TN 37402

New Principal Place of Business:

Current Mailing Address:

820 BROAD STREET
SUITE 300
CHATTANOOGA, TN 37402

New Mailing Address:

FEI Number: 58-2556775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, TODD
200 EAST ROBINSON
SUITE 750
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEALD, DARYL J
Address: 820 BROAD STREET #300
City-St-Zip: CHATTANOOGA, TN 37402

Title: S () Delete
Name: MCCALLIE, THOMAS H III
Address: 820 BROAD STREET #300
City-St-Zip: CHATTANOOGA, TN 37402

Title: D () Delete
Name: MACCLELLAN, HUGH O JR.
Address: 820 BROAD STREET #300
City-St-Zip: CHATTANOOGA, TN 37402

Title: D () Delete
Name: CAVAN, DAVID V
Address: 15333 NORTH PIMA ROAD #305
City-St-Zip: SCOTTSDALE, AZ 85260

Title: D () Delete
Name: POWELL, LAURENCE H
Address: POST OFFICE BOX 501085
City-St-Zip: ATLANTA, GA 31150

Title: D () Delete
Name: WILLS, DAVID H
Address: 11625 RAINWATER DRIVE #500
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: CORRELL, JESS
Address: 1500 KNOB LICK ROAD
City-St-Zip: STANFORD, KY 40484

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DARYL HEALD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date