

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000790

Entity Name: YOU & ME THE WORLD OF GIVING, INC.

FILED
Jul 04, 2004
Secretary of State

Current Principal Place of Business:

414 WEST MEMORIAL BLVD
LAKELAND, FL 33815

New Principal Place of Business:

203 VERANDA DRIVE
LAKELAND, FL 33809

Current Mailing Address:

414 WEST MEMORIAL BLVD
LAKELAND, FL 33815

New Mailing Address:

203 VERANDA DRIVE
LAKELAND, FL 33809

FEI Number: 59-3633427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYLLIE, WILLIAM F
2404 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 338033115 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: P () Delete
Name: DURYEE, CHAU L
Address: 414 WEST MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33815

Title: T () Delete
Name: WYLLIE, WILLIAM F
Address: 2404 CLEVELAND HEIGHTS BLVD
City-St-Zip: LAKELAND, FL 33815

Title: TR () Delete
Name: DOAN, TRUNG
Address: 203 VERANDA DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: JACKSON, JAMES E
Address: PO BOX 91125
City-St-Zip: LAKELAND, FL 338041125

Title: TRS () Delete
Name: CORBIN, SHEILA J
Address: 233 VILLAGE VIEW LANE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DURYEE, CHAU L
Address: 203 VERANDA DRIVE
City-St-Zip: LAKELAND, FL 33809

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: () 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: CHAU DURYEE

P

07/04/2004

Electronic Signature of Signing Officer or Director

Date