2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# N00000000790

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

Current Principal Place of Business:

203 VERANDA DRIVE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

203 VERANDA DRIVE
LAKELAND, FL 33809

New Mailing Address:

8218 HWY 98N.
LAKELAND, FL 33809

FEI Number: 59-3633427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	203 VERANDA DRIVE	
City-St-Zip:	LAKELAND, FL 33809	
Title:	T	( ) Delete
Name:	WYLIIE, 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 33804	
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:	( ) 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:	
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: CLD P 08/19/2008
Electronic Signature of Signing Officer or Director — Date