


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007690</b> 1. Entity Name <b>FOR GIVING FOUNDATION, INC.</b>	
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Principal Place of Business <b>125A EAST MARKS STREET ORLANDO, FL 32803</b>	Mailing Address <b>125A EAST MARKS STREET ORLANDO, FL 32803</b>
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04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3703693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BOSSERMAN, RICHARD 125A EAST MARKS ST. ORLANDO, FL 32803</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSERMAN, RICHARD E 125A EAST MARKS STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSERMAN, NANCY H 125A EAST MARKS STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDA, SEAN 2056 SUE HARBOUR COVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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<b>U000000718224 05/01/07-80013-014 61.25</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard E Bosserman **RICHARD E BOSSERMAN** 4/13/07 407-423-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #