

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 009 ****61.25

DOCUMENT # N02000008410

1. Entity Name

HOME GIFT USA CHARITIES, INC.



Principal Place of Business

801 N MAGNOLIA STE 305
ORLANDO, FL 32803

Mailing Address

801 N MAGNOLIA STE 305
ORLANDO, FL 32803

50008792



01242005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1655711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAIN, GARY W
801 N MAGNOLIA STE 305
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Gary W. Cain
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/05

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANIN, MYRNA
STREET ADDRESS	500 DELANEY AVE STE 404
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	MCDOWELL, BRIAN
STREET ADDRESS	200 S ORANGE AVE STE 2600
CITY-ST-ZIP	ORLANDO, FL 32802
TITLE	D
NAME	RUOFF, STEVEN
STREET ADDRESS	2200 LUCIEN WAY STE 350
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	HATCHER, MARION F III
STREET ADDRESS	720 RUGBY ST
CITY-ST-ZIP	ORLANDO, FL 328540689
TITLE	D
NAME	EISERMAN, LES
STREET ADDRESS	1400 W FAIRBANKS AVE STE 102
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	P
NAME	CAIN, GARY W
STREET ADDRESS	801 N. MAGNOLIA AVE., STE 305
CITY-ST-ZIP	ORLANDO, FL 32803

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Gary W. Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05