2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008650

1. Entity Name
GIVE SOMETHING BACK INTERNATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1548 CARIBBEAN DRIVE SARASOTA, FL 34231 US	1548 CARIBBEAN DRIVE SARASOTA, FL 34231 US

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0125384
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EZZELL, ANDREW T
1548 CARIBBEAN DRIVE
SARASOTA, FL 34231

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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: [signature] 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	C
NAME	PATRICK-EZZELL, JOANN
STREET ADDRESS	1548 CARIBBEAN DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	ST
NAME	EZZELL, ANDREW
STREET ADDRESS	1548 CARIBBEAN DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	NARDONE, DR. MARIA
STREET ADDRESS	211 WEST 56TH ST., STE 36A
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	WALTON, JERRY E
STREET ADDRESS	613 CHARLESTOWN DR.
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462
TITLE	D
NAME	FOYO, GEORGE
STREET ADDRESS	430 GRAND BAY DR # 201
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/05-80003-016 61.25

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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: [signature] PRES 4-15-05 941-924-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #