

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008650

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



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

Mailing Address
1548 CARIBBEAN DRIVE
SARASOTA, FL 34231 US



05012006 No Chg-NP CR2E037 (4/06)

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

**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 obligations of registered agent.

SIGNATURE

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000567229
06/15/06-80002-015 61.25

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CO Spill PRES 5-1-06 941-921-2626