

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008650

FILED
Jul 15, 2008
Secretary of State

Entity Name: GIVE SOMETHING BACK INTERNATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1548 CARIBBEAN DRIVE
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

1548 CARIBBEAN DRIVE
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 30-0125384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

EZZELL, ANDREW T
1548 CARIBBEAN DRIVE
SARASOTA, FL 34231 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: C () Delete
Name: PATRICK-EZZELL, JOANN
Address: 1548 CARIBBEAN DR.
City-St-Zip: SARASOTA, FL 34231

Title: ST () Delete
Name: EZZELL, ANDREW
Address: 1548 CARIBBEAN DR.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: NARDONE, DR. MARIA
Address: 211 WEST 56TH ST., STE 36A
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: WALTON, JERRY E
Address: 613 CHARLESTOWN DR.
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: D () Delete
Name: FOYO, GEORGE
Address: 430 GRAND BAY DR # 201
City-St-Zip: KEY BISCAWAYNE, FL 33149

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: D (X) Change () Addition
Name: REA, PAIGE
Address: 632 THE CURTILAGE
City-St-Zip: LEXINGTON, KY 40502

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: ANDREW EZZELL

ST

07/15/2008

Electronic Signature of Signing Officer or Director

Date