

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009545

FILED
Sep 16, 2009
Secretary of State

Entity Name: GIVE THE KIDS A WORLD OF HEALTH, INC.

Current Principal Place of Business:

540 PECAN AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 1385
SANFORD, FL 32772

New Mailing Address:

FEI Number: 56-2454968 **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:

POWELL, HELGA M
540 PECAN AVE
SANFORD, FL 32771 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: P () Delete
Name: PAUL, BENJAMIN R SR.
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: SV () Delete
Name: POWELL, HELGA M
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: AGLIETTI, MARIETTA
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: MELVA, BRADLEY
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: PINKY, ADAMS
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: JACKIE, BENJAMIN
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL BENJAMIN

P

09/16/2009

Electronic Signature of Signing Officer or Director

Date