2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000009685

Entity Name: GIVE A KID A BACKPACK FOUNDATION, INC.

Current Principal Place of Business:

2105 HARTWOOD MARSH RD SUITE 6
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1203397
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 20-1614369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINGSTON, ROSANNA
505 DREW AVE
CLERMONT, FL 34711 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: PD ( ) Delete
Name: KINGSTON, ROSANNA
Address: 505 DREW AVE
City-St-Zip: CLERMONT, FL 34711 US

Title: S (X) Delete
Name: VITERI, JESSICA
Address: 2692 ENTERPRISE RD EAST APT 1803
City-St-Zip: CLEARWATER, FL 33759 US

Title: T ( ) Delete
Name: WILLIAMS, ALLISON
Address: 1044 ARBOR HILL CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

Title: D ( ) Delete
Name: STACY, SANDRA
Address: 4300 FAWN MEADOW CIRCLE
City-St-Zip: CLERMONT, FL 34711

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:

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: ALLISON WILLIAMS T 04/15/2009

Electronic Signature of Signing Officer or Director — Date