


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 010 ****61.25

DOCUMENT # N05000006384					
1. Entity Name GIVEBACK, INC.					
Principal Place of Business 6703 CACTUS COURT ORLANDO, FL 32819 US			Mailing Address 6703 CACTUS COURT ORLANDO, FL 32819 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2053			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Windermere			
City & State		City & State Florida		4. FEI Number 20-3537485	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34786		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHUTZ, LARRY E PH.D. 6703 CACTUS COURT ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D SCHUTZ, LARRY PH.D. 6703 CACTUS COURT ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Kenyatta Rivers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 162215 Orlando, FL 32816-2215		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, STEPHEN MD 6001 VINELAND ROAD, SUITE 116 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAIRD, SAMANTHA 1091 RAILSIDE WAY OAKLAND, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baird, Samantha 1091 Railside Way Orlando, FL 34787		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, PATRICK PH.D. 1870 ALOMA AVENUE, SUITE 280 WINTER PARK, FL 32787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MERTZ, DELORIS 1598 COMPASS COURT KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas/Secy/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mertz, Deloris 1598 Compass Ct. Kissimmee, FL 34744		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDECKE, MAURINE PH.D. 8061 N. MCRAVEN ROAD, LOT 42 JACKSON, MS 39209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					