

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006384

FILED
Jan 29, 2009
Secretary of State

Entity Name: GIVEBACK, INC.

Current Principal Place of Business:

6703 CACTUS COURT
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2053
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 20-3537485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUTZ, LARRY E PH.D.
6703 CACTUS COURT
ORLANDO, FL 32819 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: D/D () Delete
Name: SCHUTZ, LARRY PH.D.
Address: 6703 CACTUS COURT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ROSENBERG, STEPHEN MD
Address: 6001 VINELAND ROAD, SUITE 116
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: BAIRD, SAMANTHA
Address: 1091 RAILSIDE WAY
City-St-Zip: ORLANDO, FL 34787

Title: D () Delete
Name: GORMAN, PATRICK PH.D.
Address: 1870 ALOMA AVENUE, SUITE 280
City-St-Zip: WINTER PARK, FL 32787

Title: TSD () Delete
Name: MERTZ, DELORIS
Address: 1598 COMPASS COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: BUDDECKE, MAURINE PH.D.
Address: 8061 N. MCRAVEN ROAD, LOT 42
City-St-Zip: JACKSON, MS 39209

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:

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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: DELORIS MERTZ

TSD

01/29/2009

Electronic Signature of Signing Officer or Director

Date