

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N05000007392	
1. Entity Name: SDSBS GIVING B.A.C.K., INC.	
Principal Place of Business 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Mailing Address 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409



03122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRIGGS, LAURIE J
2139 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000803836
04/22/08-80032-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	SEC
NAME	HERNANDEZ, JANET
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	V/TR
NAME	PITTS, DAWN
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Dawn Pitts Dawn Pitts 3/14/08 561 686 6300