

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005786

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** GIVE THE WORLD YOUR HEART, INC.

**Current Principal Place of Business:**

640 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

640 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 20-4956007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASIN, BENNETT S  
640 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779 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: PTD ( ) Delete  
Name: MASIN, BENNETT S  
Address: 640 LONGMEADOW CIRCLE  
City-St-Zip: LONGWOOD, FL 32779 FL

Title: VPSD ( ) Delete  
Name: MASIN, MELISSA R  
Address: 640 LONGMEADOW CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GARBER, WAYNE  
Address: 255 VISTA OAK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GARFINLE, BOBBY M.D.  
Address: 351 VISTA OAK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BRENNER, LAURENCE M.D.  
Address: 435 PALM CREST LANE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: CAMPANA, JEFF  
Address: 537 FOX HUNT CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

**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:

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: BENNETT S MASIN

PTD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date