

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008926

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: GIVE YEAR ROUND FOUNDATION, INC.

## Current Principal Place of Business:

5386 CORAL AVENUE  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

5386 CORAL AVENUE  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNGARD, LIBBY  
5386 CORAL AVENUE  
CAPE CORAL, FL 33904 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: P ( ) Delete  
Name: BERNGARD, LIBBY  
Address: 5386 CORAL AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR ( ) Delete  
Name: BERNGARD, BROOKE  
Address: 2951 S. BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: ALTMAN, SHIRLEY  
Address: 11104 MALAYSIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR (X) Delete  
Name: IRWIN, DAVID  
Address: 5107 SW 3RD AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

Title: DIR (X) Delete  
Name: ALTMAN, MICHAEL  
Address: 1719 BARRINGTON CIRCLE  
City-St-Zip: MARIETTA, GA 30062

Title: DIR (X) Delete  
Name: BERNGARD, PAUL  
Address: 2607 520 SE 5TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301

## 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: LIBBY BERNGARD

DIR

04/29/2008

Electronic Signature of Signing Officer or Director

Date