

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009324

FILED
Aug 04, 2008
Secretary of State

Entity Name: SOME GAVE ALL, INC.

Current Principal Place of Business:

3810 MURRELL ROAD
SUITE 168
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

3810 MURRELL ROAD
SUITE 168
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 26-1316213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOMMERS, PIERRE A ESQ.
2351 W. EAU GALLIE BLVD.
SUITE 1
MELBOURNE, FL 32935 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: PEXD () Delete
Name: COX, KENNETH W
Address: 316 PINE AVENUE
City-St-Zip: COCOA, FL 32922 US

Title: VMD () Delete
Name: MOEHLER, ED
Address: 2641 3RD AVENUE, NE
City-St-Zip: PALM BAY, FL 32905 US

Title: TSD () Delete
Name: FOX, NORMA
Address: 316 PINE AVENUE
City-St-Zip: COCOA, FL 32922 US

Title: AM D () Delete
Name: SWARTHOUT, DENNIS
Address: 215 SPRUCE AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: PRSU () Delete
Name: SWARTHOUT, DENNIS
Address: 215 SPRUCE AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: LEWAN, RON
Address: 984 SOMERSET LANE
City-St-Zip: MELBOURNE, FL 32940 US

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: NORMA J FOX

TSD

08/04/2008

Electronic Signature of Signing Officer or Director

Date