2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N07000009324

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)**

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	(X) 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 01/23/2009
Electronic Signature of Signing Officer or Director — Date