2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012295

City-St-Zip:

LARGO, FL 33771

FILED Mar 26, 2008 Secretary of State

Entity Name: GIFT TO CHARITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 451 CENTRAL PARK DRIVE LARGO, FL 33771 **Current Mailing Address: New Mailing Address:** 451 CENTRAL PARK DRIVE LARGO, FL 33771 FEI Number: 26-0621033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOVELACE, WILLIAM K ESQ. 401 S. LINĆOLN AVENUE CLEARWATER, FL 33756 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAVENPORT, DOUGLAS J Name: Name: Address: 451 CENTRAL PARK DRIVE Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COOK, THOMAS J Name: Address: 451 CENTRAL PARK DRIVE Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: () Delete Title: () Change () Addition LOVELACE, WILLIAM K ESQ. Name: Name: 451 CENTRAL PARK DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: DOUGLAS DAVENPORT D 03/26/2008