

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90005 001 ****61.25

0045130

DOCUMENT # N15875

1. Corporation Name

GIVE SOME BACK, INC.

Principal Place of Business

C/O TOM SICCONI
2982 NEEDHAM CT
DELRAY BEACH FL 33445
US

Mailing Address

C/O TOM SICCONI
2987 NEEDHAM CT
DELRAY BEACH FL 33445
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/15/1986

4. FEI Number

59-2841187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SICCONI, TOM
2987 NEEDHAM CT
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D MCNERNEY, PETER J.
STREET ADDRESS 374 HUMPHREY ST.
CITY-ST-ZIP SWAMPSCOTT MA

TITLE ☐ DELETE
NAME STD PUGLIESE, PAUL T.
STREET ADDRESS 4020 VINKEMULDER RD.
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE
NAME PD SICCONI, THOMAS N.
STREET ADDRESS 2987 NEED HAM CTVD.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☒ DELETE
NAME D LANGE, WILLIAM
STREET ADDRESS 309 SE 6TH AVE
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE
NAME D FREY, MICHAEL
STREET ADDRESS 948 EVERGREEN DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE STD PUGLIESE, PAUL T. ☒ Change ☐ Addition
2.2 NAME 1000 NUS HWY #1 # 728
2.3 STREET ADDRESS JUPITER, FL 33477
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/99

561-495-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)