

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002399**

1. Entity Name  
**BOB SWANSON GIVE A LIFE FOUNDATION, INC.**



Principal Place of Business  
**515 NORTH FLAGLER DRIVE SUITE 1800  
WEST PALM BEACH, FL 33401**

Mailing Address  
**P O BOX 31688  
PALM BEACH GARDENS, FL 33420-1688**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0932450</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**JOSLYN, BRIAN B  
515 NORTH FLAGLER DRIVE SUITE 1800  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>GALLUCCI, JOSEPH<br>321 EAGLETON GOLF DRIVE<br>PALM BEACH GARDENS, FL 33418 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DINERMAN, IRA<br>1017 DIAMOND HEAD WAY<br>PALM BEACH GARDENS, FL 33418       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LYMAN, TERYL<br>39 VIA DEL CORSO<br>PALM BEACH GARDENS, FL 33418             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DUCKETT, RALPH<br>21 HUNTLY DRIVE<br>PALM BEACH GARDENS, FL 33418             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>SWANSON, F. ROBERT<br>645 MASTERS WAY<br>PALM BEACH GARDENS, FL 33418        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>KESSLIN, HOWARD<br>1011 DIAMOND HEAD WAY<br>PALM BEACH GARDENS, FL 33418   |

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01/13/05-80036-005 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph Gallucci* **Joseph GALLUCCI** 1/11/2005 (561) 799-0670