


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90390 027 ****61.25

DOCUMENT # N99000002599	
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
--	---



2. Principal Place of Business P.O. Box 31688	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State Palm Beach Gardens, FL	City & State
Zip 33420-1688	Country

4. FEI Number 65-0932450	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent JOSLYN, BRIAN B 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH, FL 33401	
--	--

7. Name and Address of New Registered Agent Name Joseph GALLUCCI Street Address (P.O. Box Number is Not Acceptable) 321 EAGLETON GOLF DRIVE City PALM BEACH GARDENS FL Zip Code 33418	
---	--

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 Joseph Gallucci **Joseph GALLUCCI** March 30, 2006
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheri Lee
STREET ADDRESS	548 Robin Lane
CITY - ST - ZIP	Jupiter, FL 33458
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Cohen
STREET ADDRESS	14197 Harbor Lane
CITY - ST - ZIP	Palm Beach Gardens, FL 33410
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendy Vaniglia
STREET ADDRESS	3322 Cassee Key Island Road
CITY - ST - ZIP	Jupiter, FL 33477
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosanne Traugott
STREET ADDRESS	451 Prestwick Circle
CITY - ST - ZIP	Palm Beach Gardens, FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Gallucci **Joseph GALLUCCI** 3/30/06 (561) 799-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #