2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N99000002599

Entity Name: BOB SWANSON GIVE A LIFE FOUNDATION, INC.

Current Principal Place of Business:

POB 31688
WEST PALM BEACH, FL 334201688

New Principal Place of Business:

321 EAGLETON GOLF DRIVE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

P O BOX 31688
PALM BEACH GARDENS, FL 334201688

New Mailing Address:

FEI Number: 65-0932450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLUCCI, JOSEPH
321 EAGLETON GOLF DR
PALM BEACH GARDENS, FL 33418 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: TD ( ) Delete
Name: GALLUCCI, JOSEPH
Address: 321 EAGLETON GOLF DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: CD ( ) Delete
Name: SWANSON, ROBERT
Address: 645 MASTERS WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete
Name: TRAMONTI, ROSANNE
Address: 451 PRESTWICK CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD ( ) Delete
Name: COHEN, BRUCE
Address: 14197 HARBOR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: JOSEPH GALLUCCI T 01/07/2009
Electronic Signature of Signing Officer or Director — Date