

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 20, 2010
Secretary of State

DOCUMENT# N99000002599

Entity Name: BOB SWANSON GIVE A LIFE FOUNDATION, INC.**Current Principal Place of Business:**321 EAGLETON GOLF DRIVE
PALM BEACH GARDENS, FL 33418**New Principal Place of Business:****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
Name: GALLUCCI, JOSEPH
Address: 321 EAGLETON GOLF DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

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

Title: PD
Name: HAMILTON, CHARLES M
Address: 47 PINE TREE PLACE
City-St-Zip: TEQUESTA, FL 33469

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GALLUCCI

TD

01/20/2010

Electronic Signature of Signing Officer or Director

Date