

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005692

**Entity Name:** CHANGE THROUGH GIVING, INC.**Current Principal Place of Business:**5703 RED BUG LAKE ROAD  
SUITE 177  
WINTER SPRINGS, FL 32708**Current Mailing Address:**5703 RED BUG LAKE ROAD  
SUITE 177  
WINTER SPRINGS, FL 32708**FEI Number:** 80-0243620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, CHANDRA  
405 S BUCKSKIN WAY  
WINTER SPRINGS, FL 32708 US*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

**Officer/Director Detail :**

Title	TD
Name	WILSON, CHANDRA
Address	405 S. BUCKSKIN WAY
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	BUCCIERO, KATI
Address	1133 ARTHUR AVE
City-State-Zip:	ORLANDO FL 32804

Title	D
Name	JALOWSKY, DARLENE
Address	433 LAKESHORE DR.
City-State-Zip:	CASSELBERRY FL 32707

Title	D
Name	CAPOBIANCO, CHANDRA
Address	178 PINE KNOLL CT
City-State-Zip:	CASSELBERRY FL 32707

Title	S
Name	MCCAHAN, CONNIE
Address	1537 BRAEWICK ST
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	DEETER, JULIA
Address	283 AGNES AVE
City-State-Zip:	LONGWOOD FL 32779

*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:** CHANDRA M WILSON**TRASEURER/REG AGENT** 03/01/2015

Electronic Signature of Signing Officer/Director Detail

Date