

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010065

**Entity Name:** CHARITABLE GIFT AMERICA, INC.

**Current Principal Place of Business:**

6750 NORTH ANDREWS AVENUE  
SUITE 200  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6750 NORTH ANDREWS AVENUE  
SUITE 200  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 46-1288701

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DIETERS, THOMAS E. DR.  
24412 HARBOUR VIEW DRIVE  
SUITE 400  
PONTE VEDRA BEACH, FL 32082 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            PRESIDENT  
Name            DIETERS, THOMAS E DR.  
Address        6750 NORTH ANDREWS AVENUE  
                 SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33309  
  
Title            VP  
Name            UNDERWOOD, CLARENCE DR.  
Address        1522 STANLAKE DRIVE  
City-State-Zip: EAST LANSING MI 48823

Title            TREASURER  
Name            DODGE, RICHARD DR.  
Address        5106 ARTHUR STREET  
City-State-Zip: HOLLYWOOD FL 33021  
  
Title            SECRETARY  
Name            HOLMES, ROBERT  
Address        1689 WINGSPAN WAY  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** THOMAS E. DIETERS

**PRESIDENT**

**01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date