

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004972

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC1562148422**

**Entity Name:** BIG FIVE FOR LIFE GIVES, INC.

**Current Principal Place of Business:**

13506 SUMMERPORT VILLAGE PKWY., STE.155  
WINDERMERE, FL 34786

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PKWY., STE.155  
WINDERMERE, FL 34786

**FEI Number:** 46-5654770

**Certificate of Status Desired:** No

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

STRELECKY, JOHN P  
13506 SUMMERPORT VILLAGE PKWY., STE.155  
WINDERMERE, FL 34786 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 D  
Name STRELECKY, JOHN P  
Address 13826 BLUEBIRD PARK RD.  
City-State-Zip: WINDERMERE FL 34786

Title D  
Name ESPARZA, GABE  
Address 9714 BEVERLYWOOD ST.  
City-State-Zip: LOS ANGELES CA 90034

Title D  
Name WARREN, CHAD  
Address 406 CORAL AVE.  
City-State-Zip: MELBOURNE FL 32951

Title D  
Name SABOURIN, KEVIN  
Address 11165 5TH STREET EAST  
City-State-Zip: TREASURE ISLAND FL 33706

Title D  
Name BLAUVELT, MATT  
Address 1530 N. WEILAND ST.  
City-State-Zip: CHICAGO IL 60610

*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:** JOHN P. STRELECKY

**PRESIDENT**

**04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date