

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010525

**Entity Name:** THE FAMILY GIVING TREE, INC.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD., SUITE 700  
CORAL GABLES, FL 33134

**Current Mailing Address:**

901 PONCE DE LEON BLVD., SUITE 700  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-5555313

**Certificate of Status Desired:** No

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

TORRES, JOSE M  
901 PONCE DE LEON BLVD., SUITE 700  
CORAL GABLES, FL 33134 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:** JOSE M TORRES

02/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name COSTA SUAREZ, MARGARITA  
Address 901 PONCE DE LEON BLVD., SUITE  
700  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name SUAREZ, ALBERTO J  
Address 901 PONCE DE LEON BLVD., SUITE  
700  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name COSTA, JOSE A III  
Address 901 PONCE DE LEON BLVD., SUITE  
700  
City-State-Zip: CORAL GABLES FL 33134

*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:** COSTA , JOSE A , III

**DIRECTOR**

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date