

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008199

Entity Name: GOLFTOBERFEAST CHARITIES, INC.

Current Principal Place of Business:

4660 LAKEVIEW DR.
SEBRING, FL 33870

Current Mailing Address:

P O BOX 3839
SEBRING, FL 33871

FEI Number: 26-1435704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRSCH, MICHAEL G.
4660 LAKEVIEW DR.
SEBRING, FL 33870 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 DP
Name KIRSCH, MICHAEL G.
Address 4660 LAKEVIEW DR.
City-State-Zip: SEBRING FL 33870

Title DV
Name SWAN, STEPHEN R.
Address 109 CIRCLE PARK DR.
City-State-Zip: SEBRING FL 33870

Title DS
Name BOYD, WILLIAM K.
Address 3501 MONZA DR.
City-State-Zip: SEBRING FL 33872

Title DT
Name SHOOP, JOHN C.
Address 2600 US HWY 27 N.
City-State-Zip: SEBRING FL 33870

Title D
Name SACCO, JIM
Address 4014 LAKE HAVEN BLVD
City-State-Zip: SEBRING FL 33870

Title D
Name SOLYNTJES, THOMAS M.
Address 1515 PROSPECT DRIVE
City-State-Zip: SEBRING FL 33870

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: JIM SACCO

DIRECTOR

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date