

2020 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: BOYD, WILLIAM K.**DS****02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date