

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004627

**Entity Name:** GUITARS OVER GUNS ORGANIZATION, INC.

**Current Principal Place of Business:**

2916 N MIAMI AVE, FLOOR 6 OFFICE 602  
MIAMI, FL 33127

**Current Mailing Address:**

2916 N MIAMI AVE, FLOOR 6 OFFICE 602  
MIAMI, FL 33127 US

**FEI Number: 26-2644682**

**Certificate of Status Desired: Yes**

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

BERNSTEIN, FRANK C  
8850 SW 58 ST  
MIAMI, FL 33173 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 CHAIRMAN, TREASURER, DIRECTOR  
Name BERNSTEIN, ROBERT  
Address 4275 SAN AMARO DR  
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT, DIRECTOR  
Name BERNSTEIN, CHAD  
Address 8850 SW 58 ST  
City-State-Zip: MIAMI FL 33173

Title DIRECTOR  
Name JACOBSON, SCOTT  
Address 1903 SHERIDAN ROAD  
City-State-Zip: BUFFALO GROVE IL 60089

Title DIRECTOR  
Name WEITZ, H JORDAN  
Address 400 WEST RIVIO ALTO DRIVE  
City-State-Zip: MIAMI FL 33139

Title DIRECTOR  
Name PIERRE, GABRIEL JUNIOR  
Address 10420 SW 8TH ST  
BLDG 36 APT 101  
City-State-Zip: PEMBROKE PINES FL 33025

Title DIRECTOR  
Name ANASTOS, LISA  
Address 3525 S OCEAN BLVD  
APT 405  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name O'CONNELL, KELLIE  
Address 657 W FULTON MARKET  
#406  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name WALSH, DAVID  
Address 1900 N BAYSHORE DR  
City-State-Zip: MIAMI FL 33132

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*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: F. CHAD BERNSTEIN**

**PRESIDENT/CEO**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOWARD, EBONY  
Address 44 OAK AVE  
City-State-Zip: IRVINGTON NJ 07111

Title DIRECTOR  
Name SAVAGE, KENT  
Address 1000 BISCAYNE BLVD  
UNIT 4501  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name ROCHE, SHEILA  
Address 73 EAST ELM STREET  
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR  
Name STROTH, ANDREW  
Address 2310 EWING AVE  
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR  
Name LEWIN, SARAH FEIL  
Address 7842 FISHER ISLAND DR  
City-State-Zip: MIAMI FL 33109