

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004627

Entity Name: GUITARS OVER GUNS ORGANIZATION, INC.

FILED
Apr 05, 2019
Secretary of State
3076151375CC

Current Principal Place of Business:

169 EAST FLAGLER STREET
SUITE 1134
MIAMI, FL 33131-1205

Current Mailing Address:

169 EAST FLAGLER STREET
SUITE 1134
MIAMI, FL 33131-1205 US

FEI Number: 26-2644682

Certificate of Status Desired: No

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 DIRECTOR
Name PORTUONDO, MICHAEL A
Address 514 SAN ESTEBAN AVE
City-State-Zip: CORAL GABLES FL 33146

Title CHAIRMAN, TREASURER, DIRECTOR
Name BERNSTEIN, ROBERT
Address 803 MICHIGAN AVE
City-State-Zip: WILMETTE IL 60091

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

Title DIRECTOR
Name WESTON, RANDALL
Address 401 N WABASH AVENUE
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR
Name DIERMEIER, JEFF
Address 2113 CANNA WAY
City-State-Zip: NAPLES FL 34105

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

Title DIRECTOR
Name VANDENBERK, TOM
Address 2754 SUMMIT AVE
City-State-Zip: HIGHLAND PARK IL 60035

Title DIRECTOR
Name BOREN, SHED
Address 536 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

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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: CHAD BERNSTEIN

CEO

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TURNER, CHAD
Address 20 ISLAND AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name O'MALLEY, JACQUELINE
Address 6855 RED RD
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR
Name PIERRE, GABRIEL JUNIOR
Address 425 NW 129TH ST
City-State-Zip: MIAMI FL 33168

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

Title DIRECTOR
Name JAYARAM, CAROLINA GARCIA
Address 3415 PRARIE AVE
City-State-Zip: MIAMI BEACH FL 33140