

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009123

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC0107210286**

**Entity Name:** COMPETE 2 GIVE, INC.

**Current Principal Place of Business:**

3759 COVENTRY LANE  
BOCA RATON, FL 33496

**Current Mailing Address:**

3759 COVENTRY LANE  
BOCA RATON, FL 33496 US

**FEI Number:** 47-1789531

**Certificate of Status Desired:** No

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

SACKS, BARBARA S MRS.  
3759 COVENTRY LANE  
BOCA RATON, FL 33496 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 VP  
Name GOLDFARB, JONATHAN  
Address 1850 HOMEWOOD BLVD APT 303  
City-State-Zip: DELRAY BEACH FL 33496

Title SVP, OFFICER  
Name SACKS, MARK  
Address 3759 COVENTRY LANE  
City-State-Zip: BOCA RATON FL 33496

Title PRESIDENT  
Name SACKS, BARBARA  
Address 3759 COVENTRY LANE  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name ATTIA , GIL  
Address 3011 YAMATO RD  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name HOSEY , STEPHENE  
Address 3759 COVENTRY LANE  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name MARTINEZ , LINZI  
Address 3759 COVENTRY LANE  
City-State-Zip: BOCA RATON FL 33496

*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:** BARBARA SACKS

**PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date