2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N07000008199

Entity Name: GOLFTOBERFEAST CHARITIES, INC.

Current Principal Place of Business:

4660 LAKEVIEW DR.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4660 LAKEVIEW DR.
SEBRING, FL 33870

New Mailing Address:

P O BOX 3839
SEBRING, FL 33871

FEI Number: 26-1435704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRSCH, MICHAEL G.
4660 LAKEVIEW DR.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	KIRSCH, MICHAEL G.	
Address:	4660 LAKEVIEW DR.	
City-St-Zip:	SEBRING, FL 33870	
Title:	DV	( ) Delete
Name:	SWAN, STEPHEN R.	
Address:	109 CIRCLE PARK DR.	
City-St-Zip:	SEBRING, FL 33870	
Title:	DS	( ) Delete
Name:	BOYD, WILLIAM K.	
Address:	3501 MONZA DR.	
City-St-Zip:	SEBRING, FL 33872	
Title:	DT	( ) Delete
Name:	SHOOP, JOHN C.	
Address:	2600 US HWY 27 N.	
City-St-Zip:	SEBRING, FL 33870	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	SACCO, JIM	
Address:	4014 LAKE HAVEN BLVD	
City-St-Zip:	SEBRING, FL 33870 US	
Title:	D	( ) Change (X) Addition
Name:	DOTY, KIP	
Address:	328 DUNLIN AVE	
City-St-Zip:	SEBRING, FL 33870	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM K. BOYD DS 04/01/2009

Electronic Signature of Signing Officer or Director — Date