

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008199

FILED
Apr 14, 2011
Secretary of State

Entity Name: GOLFTOBERFEAST CHARITIES, INC.

Current Principal Place of Business:

4660 LAKEVIEW DR.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P O BOX 3839
SEBRING, FL 33871

New Mailing Address:

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
Name: KIRSCH, MICHAEL G.
Address: 4660 LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

Title: DV
Name: SWAN, STEPHEN R.
Address: 109 CIRCLE PARK DR.
City-St-Zip: SEBRING, FL 33870

Title: DS
Name: BOYD, WILLIAM K.
Address: 3501 MONZA DR.
City-St-Zip: SEBRING, FL 33872

Title: DT
Name: SHOOP, JOHN C.
Address: 2600 US HWY 27 N.
City-St-Zip: SEBRING, FL 33870

Title: D
Name: SACCO, JIM
Address: 4014 LAKE HAVEN BLVD
City-St-Zip: SEBRING, FL 33870 US

Title: D
Name: SOLYNTJES, THOMAS M.
Address: 1515 PROSPECT DRIVE
City-St-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: WILLIAM K. BOYD

D/S

04/14/2011

Electronic Signature of Signing Officer or Director

Date