

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004948

Entity Name: GENTS CHARITABLE FOUNDATION INCORPORATED**Current Principal Place of Business:**1411 FOUNTAIN AVENUE
PANAMA CITY, FL 32401**Current Mailing Address:**POST OFFICE BOX 222
PANAMA CITY, FL 32402-0222**FEI Number:** 41-2165593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIFFIN, SYLVESTER
151 LAKE MERIAL TRAIL
SOUTHPORT, FL 32409 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	PRESIDENT
Name	WALKER, JOHNNY
Address	1503 DUNNET COURT
City-State-Zip:	LYNN HAVEN FL 32444

Title	TREASURER
Name	GRIFFIN, SYLVESTER
Address	151 LAKE MERIAL TRAIL
City-State-Zip:	SOUTHPORT FL 32409

Title	DIRECTOR
Name	JORDAN, JOHNNY
Address	912 WILSON AVE
City-State-Zip:	PANAMA CITY FL 32401

Title	CFO
Name	WILLIAMS, PHILLIP
Address	8035 BETTY LOUISE DRIVE
City-State-Zip:	PANAMA CITY FL 32404

Title	SECRETARY
Name	WILSON, ROY
Address	105 EAST 17TH STREET
City-State-Zip:	LYNN HAVEN FL 32444

Title	VP
Name	MARSHALL, VERGIL
Address	1611 LINCOLN AVENUE
City-State-Zip:	PANAMA CITY FL 32405

Title	DIRECTOR
Name	SELDERS, WILLIE
Address	1333 RIVA COURT
City-State-Zip:	PANAMA CITY FL 32404

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: SYLVESTER GRIFFIN**REGISTERED AGENT****01/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date