

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010803

Entity Name: GOLFERS VS. BRAIN CANCER, INC.**Current Principal Place of Business:**3906 TAMPA RD.
SUITE D
OLDSMAR, FL 34677**Current Mailing Address:**3906 TAMPA RD.
SUITE D
OLDSMAR, FL 34677**FEI Number: 27-4318058****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SANCHEZ, GEORGE IESQ.
3906 TAMPA RD.
SUITE D
OLDSMAR, FL 34677 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	DPT
Name	MASSAUA, GEORGE
Address	691 KINGSMILL CT
City-State-Zip:	OLDSMAR FL 34677

Title	DIRECTOR
Name	MCDONALD, BRIAN PHD
Address	1889 MUIRFIELD WAY
City-State-Zip:	OLDSMAR FL 34677

Title	DIRECTOR
Name	ROSE, SEAN
Address	11663 RENAISSANCE VIEW CT.
City-State-Zip:	TAMPA FL 33626

Title	DS
Name	WHITENER, ROBERT
Address	882 LUCAS LANE
City-State-Zip:	OLDSMAR FL 34677

Title	DIRECTOR
Name	WHALEY, DEAN
Address	11529 QUIET FOREST DR.
City-State-Zip:	TAMPA FL 33635

Title	DIRECTOR
Name	SHAH, SADHANA
Address	242 RUE DES CHATEAUX
City-State-Zip:	TARPON SPRINGS FL 34688

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: GEORGE MASSAUA**DPT****03/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date