

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005513

Entity Name: SKOBEL CHARITABLE FOUNDATION INC**Current Principal Place of Business:**7475 SW 70TH LN
GAINESVILLE, FL 32608**Current Mailing Address:**7475 SW 70TH LN
GAINESVILLE, FL 32608 US**FEI Number:** 46-3129308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKOBEL, MICHAEL
6404 SW 77TH DR
GAINESVILLE, FL 32608 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 DIRECTOR, PRESIDENT
Name SKOBEL, MICHAEL
Address 7475 SW 70TH LN
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR, VP
Name SKOBEL, ADAM
Address 7475 SW 70TH LN
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name BERGMAN, DANIEL
Address 4455 WILLOW BEND DR
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name BROWN, MICHAEL
Address 202 EAST SOUTH STREET
APT 1042
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, TREASURER,
SECRETARY
Name SKOBEL, ALEX
Address 7475 SW 70TH LN
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name MADRIGAL, DIEGO
Address 911 NORTH ORANGE AVE
APT 403
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name APFELBAUM, NICOLAS
Address 2631 SE ERICKSON DR
City-State-Zip: PORT ST. LUCIE FL 34984

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: MICHAEL SKOBEL**PRESIDENT****04/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date