

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002748

**Entity Name:** BEACHES OKTOBERFEST, INC.

**Current Principal Place of Business:**

203 FORT WADE ROAD, SUITE 260  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

203 FORT WADE ROAD, SUITE 260  
PONTE VEDRA, FL 32081 US

**FEI Number:** 47-3706974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOOLSEY, JOSHUA A  
203 FORT WADE ROAD, SUITE 260  
PONTE VEDRA, FL 32081 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:** JOSHUA WOOLSEY

07/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WAGONER, CHARLES JR.  
Address 203 FORT WADE ROAD, SUITE 260  
City-State-Zip: PONTE VEDRA FL 32081

Title PRESIDENT  
Name VOGELSANG, PHILLIP M  
Address 203 FORT WADE ROAD, SUITE 260  
City-State-Zip: PONTE VEDRA FL 32081

Title OFFICER  
Name WOOLSEY, JOSHUA A  
Address 203 FORT WADE ROAD, SUITE 260  
City-State-Zip: PONTE VEDRA FL 32081

Title SECRETARY  
Name KLARE, TRAVIS  
Address 203 FORT WADE ROAD, SUITE 260  
City-State-Zip: PONTE VEDRA FL 32081

*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:** TRAVIS KLARE

**SECRETARY**

07/29/2024

Electronic Signature of Signing Officer/Director Detail

Date