

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009466

**Entity Name:** BGOLD, INC.

**Current Principal Place of Business:**

4308 ROSEDALE AVENUE  
BETHESDA, MD 20814

**Current Mailing Address:**

4308 ROSEDALE AVENUE  
BETHESDA, MD 20814 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
BROWARD COUNTY  
PLANTATION, FL 33325 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 P  
Name WAGNER, KARI T  
Address 3385 OLD KEYSTONE ROAD  
City-State-Zip: TARPON SPRINGS FL 34688

Title T  
Name SISSMAN, DARYL S  
Address 575 WHISPERING PINES  
City-State-Zip: NAPLES FL 34103

Title S  
Name DOLAN, MATTHEW J  
Address 4308 ROSEDALE AVENUE  
City-State-Zip: BETHESDA MD 20814

Title D  
Name DOLAN, MATTHEW J  
Address 4308 ROSEDALE AVENUE  
City-State-Zip: BETHESDA 20814

Title D  
Name WAGNER, KARI T  
Address 3385 OLD KEYSTONE ROAD  
City-State-Zip: TARPON SPRINGS FL 34688

Title D  
Name SISSMAN, DARYL S  
Address 575 WHISPERING PINES  
City-State-Zip: NAPLES FL 34103

*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:** KARI T WAGNER

**PRESIDENT**

**06/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date