

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009513

Entity Name: GC GIVES BACK, INC.

Current Principal Place of Business:

4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224

Current Mailing Address:

4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224

FEI Number: 82-2857615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUNN, MARSHALL D JR.
4350 PABLO PROFESSIONAL CT
JACKSONVILLE, FL 32224 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 DIR
Name GUNN, MARSHALL D JR.
Address 4350 PABLO PROFESSIONAL CT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name CHAMBERLAIN, JOEL C
Address 4350 PABLO PROFESSIONAL CT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name BROHINSKY, ISAAC J
Address 4350 PABLO PROFESSIONAL CT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name DRUMMOND, DONALD L
Address 4350 PABLO PROFESSIONAL CT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name HALL, BRIAN A
Address 4350 PABLO PROFESSIONAL CT
City-State-Zip: JACKSONVILLE FL 32224

Title DIR
Name KREY, KENNETH R
Address 4350 PABLO PROFESSIONAL CT
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name LINGOR, SHELLY
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

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: MARSHALL D. GUNN, JR.

DIR

01/05/2021

Electronic Signature of Signing Officer/Director Detail

Date