

**2020 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.**

**DIRECTOR**

**01/03/2020**

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

\_\_\_\_\_  
Date