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: MARC PLAYER

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001704

Entity Name: THE GARY PLAYER FOUNDATION, INC.

### **Current Principal Place of Business:**

635 GARDEN MARKET DRIVE TRAVELERS REST, SC 29690

## **Current Mailing Address:**

635 GARDEN MARKET DRIVE TRAVELERS REST. SC 29690 US

# FEI Number: 31-1485046

## Name and Address of Current Registered Agent:

PLAYER, MARC B 2464 SW DANBURY LANE PALM CITY, FL 34990 US

FILED Jan 09, 2015 Secretary of State CC3758002083

Certificate of Status Desired: Yes

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	S	Title	D	
Name	POKORNEY, JAMES R	Name	PLAYER, MARC B	
Address	8401 CHAGRIN ROAD, SUITE 16	Address	635 GARDEN MARKET DRIVE	
City-State-Zip:	CHAGRIN FALLS OH 44003	City-State-Zip:	TRAVELERS REST SC 29690	

01/09/2015 Date

DIRECTOR