

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002188

Entity Name: PORT ST. JOE DIXIE YOUTH BASEBALL, INC.

Current Principal Place of Business:

610 8TH STREET
PORT ST.JOE, FL 32458

Current Mailing Address:

P.O. BOX 1101
PORT ST.JOE, FL 32457

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PICKELS, ROBERT
2112 LONG AVENUE
PORT ST.JOE, FL 32456 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 PICKELS, ROBERT
Address 2112 LONG AVENUE
City-State-Zip: PORT ST.JOE FL 32456

Title OFFICER
Name PLAYER, JEFF
Address 106 OCEAN PLANTATION CIRCLE
City-State-Zip: MEXICO BEACH FL 32456

Title OFFICER
Name BUZZETT, BRAD
Address 124 CABELL DRIVE
City-State-Zip: PORT ST.JOE FL 32456

Title SECRETARY
Name TAYLOR, MATTHEW
Address 3206 GARRISON AVENUE
City-State-Zip: PORT ST. JOE FL 32456

Title OFFICER
Name FIDLER, JOSH
Address 382 LING STREET
City-State-Zip: PORT ST.JOE FL 32456

Title TREASURER
Name CASTANEDA, ANGELA
Address 802 MARVIN AVENUE
City-State-Zip: PORT ST. JOE FL 32456

Title OFFICER
Name BEN , ASHCRAFT
Address 1602 MARVIN AVENUE
City-State-Zip: PORT ST. JOE FL 32456

Title OFFICER
Name TAMMIE, CUMBIE
Address 1309 MCCLELLAND AVENUE
City-State-Zip: PORT ST. JOE FL 32456

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: MATTHEW TAYLOR

SECRETARY

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date