

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:** Yes

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

FORD, JEANNIE  
508 E 4TH STREET  
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:** JEANNIE FORD

03/03/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COSTIN, MARK  
Address        PO BOX 550  
City-State-Zip: PORT ST.JOE FL 32456

Title            TREASURER  
Name            FORD, JEANNIE  
Address        508 E 4TH STREET  
City-State-Zip: PORT ST. JOE FL 32456

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

Title            SECRETARY  
Name            DAVIS, ELIZABETH  
Address        2162 HAYES AVE  
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            OFFICER  
Name            STRICKLAND , LACEY  
Address        1615 PALM BLVD  
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            ACREE, CLEVELAND  
Address        1021 WOODWARD AVE  
City-State-Zip: PORT ST. JOE FL 32456

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*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:** JEANNIE FORD

**TREASURER**

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            MALLON, SHANE  
Address        1309 GARRISON AVE  
City-State-Zip: PORT ST. JOE FL 32456