

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT# N1400002188

Apr 02, 2019

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

Secretary of State

7698313028CR

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

04/02/2019

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

04/02/2019

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