

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000013111

**Entity Name:** WAKULLA HITMEN BASEBALL, INC.

**Current Principal Place of Business:**

100 YELLOWJACKET AVE  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

PO BOX 324  
SOPCHOPPY, FL 32358

**FEI Number: 88-4331097**

**Certificate of Status Desired: No**

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

SCHILLING, JOHN  
100 YELLOWJACKET AVE  
SOPCHOPPY, FL 32358 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 PMD  
Name SCHILLING, JOHN  
Address 100 YELLOWJACKET AVE  
City-State-Zip: SOPCHOPPY FL 32358

Title VPSD  
Name SCHILLING, ASHLEY  
Address 100 YELLOWJACKET AVE  
City-State-Zip: SOPCHOPPY FL 32358

Title TD  
Name HARRIS, HEATHER  
Address 150 WHIPPOORWILL LANE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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: ASHLEY SCHILLING**

**VPSD**

**04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date