

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763454

**FILED**  
**Mar 01, 2014**  
**Secretary of State**  
**CC3682027589**

**Entity Name:** WALTON BRAVES SPORTS CLUB, INC.

**Current Principal Place of Business:**

530 MAGNOLIA LAKE DR  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

530 MAGNOLIA LAKE DR  
DEFUNIAK SPRINGS, FL 32433 US

**FEI Number:** 59-2237231

**Certificate of Status Desired:** No

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

KENNETH M. JACKSON  
530 MAGNOLIA LAKE DR  
DEFUNIAK SPRINGS, FL 32433 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 TD  
Name JACKSON, KENNETH M  
Address 530 MAGNOLIA LAKE DR  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title PD  
Name SLAY, JERRY  
Address 14 FREDRICK DR  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title VD  
Name JACKSON, DONNA  
Address 530 MAGNOLIA LAKE DR  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title D  
Name CASEY, PATRICK  
Address P.O. BOX 122  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

*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:** KENNETH M. JACKSON

**TREASURER**

**03/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date