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

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# 763454

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

### 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

## Officer/Director Detail :

Title	TD	Title	PD
Name	JACKSON, KENNETH M	Name	SLAY, JERRY
Address	530 MAGNOLIA LAKE DR	Address	14 FREDRICK DR
City-State-Zip:	DEFUNIAK SPRINGS FL 32433	City-State-Zip:	DEFUNIAK SPRINGS FL 32433
Title	VD	Title	D
Title Name	VD JACKSON, DONNA	Title Name	D CASEY, PATRICK

Certificate of Status Desired: No

FILED Feb 01, 2016 Secretary of State CC8850495622

Date

02/01/2016 Date

TREASURER