

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768703

**Entity Name:** CHATEAU BATON ROUGE, INC.

**Current Principal Place of Business:**

795 RIDGE LAKE BLVD SUITE 300  
MEMPHIS, TN 38120

**Current Mailing Address:**

795 RIDGE LAKE BLVD SUITE 300  
MEMPHIS, TN 38120 US

**FEI Number:** 59-2305463

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            HAMMOND, JOSHUA  
Address        795 RIDGE LAKE BLVD SUITE 300  
City-State-Zip: MEMPHIS TN 38120

Title            TREASURER  
Name            SHEA, PATRICK  
Address        795 RIDGE LAKE BLVD, SUITE 300  
City-State-Zip: MEMPHIS TN 38120

Title            DIRECTOR  
Name            SEGEL, MARK  
Address        795 RIDGE LAKE BLVD, SUITE 300  
City-State-Zip: MEMPHIS TN 38120

Title            DIRECTOR  
Name            BALLARD, TIMOTHY  
Address        795 RIDGE LAKE BLVD SUITE 300  
City-State-Zip: MEMPHIS TN 38120

Title            DIRECTOR  
Name            STRINGER, LAWSON  
Address        181 WESTDALE AVE.  
City-State-Zip: DALY CITY CA 94015

Title            DIRECTOR  
Name            WHITE, ELEANOR  
Address        1730 GLENWOOD PLACE  
City-State-Zip: MEMPHIS TN 38104

Title            DIRECTOR  
Name            COOK, ROBERT  
Address        795 RIDGE LAKE BLVD SUITE 300  
City-State-Zip: MEMPHIS TN 38120

*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:** JOSHUA HAMMOND

**PRESIDENT**

**04/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date