

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010039

Entity Name: THE SUMMIT CRESTVIEW, INC.**Current Principal Place of Business:**100 DUGGAN AVENUE
CRESTVIEW, FL 32536**Current Mailing Address:**100 DUGGAN AVENUE
CRESTVIEW, FL 32536 US**FEI Number:** 27-1080054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHIS, CHRISTOPHER T
100 DUGGAN AVENUE
CRESTVIEW, FL 32536 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	MATHIS, CHRISTOPHER T
Address	215 WARRIOR ST
City-State-Zip:	CRESTVIEW FL 32536

Title	SECRETARY
Name	MATHIS, NICOLE
Address	215 WARRIOR ST
City-State-Zip:	CRESTVIEW FL 32536

Title	DIRECTOR
Name	THOMPSON, DAMON
Address	PO BOX 3099
City-State-Zip:	LEESVILLE SC 29070

Title	TREASURER
Name	DAVIS, DUSTIN
Address	343 SOUTH SPRING ST
City-State-Zip:	CRESTVIEW FL 32536

Title	VP
Name	THOMAS, ROBBIE C
Address	1871 SHAY LIN COURT
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	BRACKINS, DONALD L III
Address	476 SHERWOOD RD
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: DONALD L BRACKINS III**DIRECTOR****02/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date