

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002188

**Entity Name:** PORT ST. JOE DIXIE YOUTH BASEBALL, INC.**Current Principal Place of Business:**610 8TH STREET  
PORT ST.JOE, FL 32458**Current Mailing Address:**P.O. BOX 1101  
PORT ST.JOE, FL 32457**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PICKELS, ROBERT  
2112 LONG AVENUE  
PORT ST.JOE, FL 32456 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	P
Name	PICKELS, ROBERT
Address	2112 LONG AVENUE
City-State-Zip:	PORT ST.JOE FL 32456

Title	OFFICER
Name	PLAYER, JEFF
Address	106 OCEAN PLANTATION CIRCLE
City-State-Zip:	MEXICO BEACH FL 32456

Title	OFFICER
Name	BUZZETT, BRAD
Address	124 CABELL DRIVE
City-State-Zip:	PORT ST.JOE FL 32456

Title	SECRETARY
Name	TAYLOR, MATTHEW
Address	3206 GARRISON AVENUE
City-State-Zip:	PORT ST. JOE FL 32456

Title	OFFICER
Name	FIDLER, JOSH
Address	382 LING STREET
City-State-Zip:	PORT ST.JOE FL 32456

Title	TREASURER
Name	CASTANEDA, ANGELA
Address	802 MARVIN AVENUE
City-State-Zip:	PORT ST. JOE FL 32456

Title	OFFICER
Name	BEN , ASHCRAFT
Address	1602 MARVIN AVENUE
City-State-Zip:	PORT ST. JOE FL 32456

Title	OFFICER
Name	TAMMIE, CUMBIE
Address	1309 MCCLELLAND AVENUE
City-State-Zip:	PORT ST. JOE FL 32456

*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: MATTHEW TAYLOR****SECRETARY****04/08/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date