

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008865

**Entity Name:** COASTAL TRAVEL BASEBALL, INC.

**Current Principal Place of Business:**

24 WALTER MARTIN RD. NE. SUITE 1  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

24 WALTER MARTIN RD. NE. SUITE 1  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 47-1870903

**Certificate of Status Desired:** No

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

REEDER, STEPHEN  
24 WALTER MARTIN RD. NE. SUITE 1  
FORT WALTON BEACH, FL 32548 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 PD  
Name STANFORD, JADE  
Address 24 WALTER MARTIN RD. NE. SUITE 1  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TD, VP  
Name REEDER, STEPHEN  
Address 24 WALTER MARTIN RD. NE. SUITE 1  
City-State-Zip: FORT WALTON BEACH FL 32548

Title D  
Name SHERER, CHARLIE  
Address 24 WALTER MARTIN RD. NE. SUITE 1  
City-State-Zip: FORT WALTON BEACH FL 32548

Title SD  
Name HENDERSON, ALLISON  
Address 24 WALTER MARTIN RD. NE. SUITE 1  
City-State-Zip: FORT WALTON BEACH FL 32548

Title D  
Name MCDOWELL, BRENT  
Address 24 WALTER MARTIN RD. NE. SUITE 1  
City-State-Zip: FORT WALTON BEACH FL 32548

*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: STEPHEN REEDER**

**TREASURER**

**04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date