

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008429

Entity Name: SWING FOR THE FENCES OF NE FLORIDA, INC.**Current Principal Place of Business:**4242 ORTEGA BLVD.
SUITE 17
JACKSONVILLE, FL 32210**Current Mailing Address:**P.O. BOX 7587
JACKSONVILLE, FL 32238**FEI Number:** 47-3297728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOKE, THOMAS R
4231 ROMA BLVD.
JACKSONVILLE, FL 32210 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	BROOKE, ARCHIBALD L
Address	4242 ORTEGA BLVD. SUITE 17
City-State-Zip:	JACKSONVILLE FL 32210
Title	VP, DIRECTOR
Name	LUSTER, DAVIS
Address	6116 JOCELYN HOLLOW ROAD
City-State-Zip:	NASHVILLE TN 37205
Title	VP, DIRECTOR
Name	HUGHES, JACKSON
Address	3906 BONNELL DRIVE
City-State-Zip:	AUSTIN TX 78731

Title	STD, CFO
Name	BROOKE, THOMAS R
Address	4231 ROMA BLVD.
City-State-Zip:	JACKSONVILLE FL 32210
Title	VP, DIRECTOR
Name	ALLEN, HARRISON
Address	108 WESTHAMPTON PLACE
City-State-Zip:	NASHVILLE TN 37205
Title	VP, DIRECTOR
Name	WILSON, GRIFFIN
Address	76 LOMBARDY ROAD
City-State-Zip:	MEMPHIS TN 38111

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: THOMAS R. BROOKE

STD, CFO

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date