

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010915

Entity Name: JOSH SAMMAN MMA FOUNDATION, INC.

Current Principal Place of Business:

55 RAZORBACK ROAD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 1462
CRAWFORDVILLE, FL 32326 US

FEI Number: 81-4146457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHOENIX, CHERYL
55 RAZORBACK ROAD
CRAWFORDVILLE, FL 32327 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 SECRETARY
Name PHOENIX, CHERYL
Address 55 RAZORBACK ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name CHAMALE, MITCHELL
Address 407 RIDGE ROAD
City-State-Zip: CASSELBERRY FL 32370

Title D
Name MAXWELL, LANCE
Address 5200 SHADY REST ROAD
City-State-Zip: HAVANA FL 32333

Title D
Name MELTON, MARK
Address 4029 SANDPOINTE DRIVE
City-State-Zip: BRADENTON FL 34205

Title CHAIRMAN
Name MELTON, TAMARA
Address 4029 SANDPOINTE DR.
City-State-Zip: BRADENTON FL 34205

Title VC, TREASURER
Name KILBOURN, CHUCK
Address 11142 WINTHROP MARKET STREET
APT. 202
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name CARPENTER, BILL
Address 791 BRIGHTVIEW DRIVE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name KNIGHT, MELANIE
Address 2784 HARTSFIELD ROAD
City-State-Zip: TALLAHASSEE FL 32303

Continues on page 2

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: CHERYL PHOENIX

SECRETARY

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHITE, RAMSEY
Address 824 CONCORD ROAD
 SUITE B
City-State-Zip: TALLAHASSEE FL 32308