2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010915

Entity Name: JOSH SAMMAN MMA FOUNDATION, INC.

FILED May 28, 2020 **Secretary of State** 2636168333CC

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **TREASURER**

PHOENIX, CHERYL Name Name CUARTERO, ROBERTO 55 RAZORBACK ROAD 11860 PEGASUS DRIVE Address Address City-State-Zip: JACKSONVILLE FL 32223 CRAWFORDVILLE FL 32327 City-State-Zip:

Title D Title D

Name MAXWELL, LANCE Name CHAMALE, MITCHELL

Address 5200 SHADY REST ROAD Address 407 RIDGE ROAD

HAVANA FL 32333 City-State-Zip: City-State-Zip: CASSELBERRY FL 32370

Title **CHAIRMAN** Title D

Name MELTON, TAMARA Name MELTON, MARK

Address 4029 SANDPOINTE DR. 4029 SANDPOINTE DRIVE Address **BRADENTON FL 34205**

City-State-Zip: City-State-Zip: **BRADENTON FL 34205**

Title VC

KILBOURN, CHUCK Name

Address 11142 WINTHROP MARKET STREET

APT. 202

City-State-Zip: RIVERVIEW FL 33578

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.

05/28/2020 SIGNATURE: CHERYL PHOENIX SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date