

2018 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: Yes

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 TREASURER
Name CUARTERO, ROBERTO
Address 11860 PEGASUS DRIVE
City-State-Zip: JACKSONVILLE FL 32223

Title D
Name CHAMALE, MITHCELL
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 VC
Name BOSS, CHAD
Address 5630 BRITANNIA DRIVE
City-State-Zip: SARASOTA FL 34231

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

Title CHAIRMAN
Name KRUPP, CINDY
Address 5630 BRITANNIA DRIVE
City-State-Zip: SARASOTA FL 34231

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

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 R PHOENIX

SECRETARY

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date