

2022 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 DIRECTOR
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 CHAIRMAN
Name KILBOURN, CHUCK
Address 11142 WINTHROP MARKET STREET
APT. 202
City-State-Zip: RIVERVIEW FL 33578

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

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

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

Title DIRECTOR
Name SMART, CHRISTOPHER
Address 517 DOVERTON LANE
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name QUIGLEY, TOM
Address 3407 LITHIA PINECREST RD.
City-State-Zip: VALRICO FL 33596

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

DIRECTOR

04/26/2022

Electronic Signature of Signing Officer/Director Detail

_____ Date