

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702201

Entity Name: PINECASTLE AREA LITTLE LEAGUE INC**Current Principal Place of Business:**814 W. OAK RIDGE RD.
ORLANDO, FL 32809**Current Mailing Address:**P.O. BOX 593425
ORLANDO, FL 32859-3425**FEI Number: 59-1865469****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GOMEZ, MARIA A
818 MARLOWE AVE
ORLANDO, FL 32809 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: MARIA A. GOMEZ****04/30/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GOMEZ-VARGAS, MARIA A
Address 818 MARLOWE AVE
City-State-Zip: ORLANDO FL 32809

Title VICE PRESIDENT
Name MORALES, EULALIO
Address 2249 ROSE BLVD
City-State-Zip: ORLANDO FL 32839

Title PLAYER AGENT
Name PACHECO, CHARLOTTE
Address 2012 CABO SAN LUCAS DR
City-State-Zip: ORLANDO FL 32809

Title SECRETARY
Name VALDEZ, ROSA
Address 1800 BUCHANAN BAY CIR APT 102
City-State-Zip: ORLANDO FL 32839

Title TREASURER
Name CARMONA, DEBORAH
Address 6515 BERET DR
City-State-Zip: ORLANDO FL 32809

Title SAFETY OFFICER
Name COTTO, JOSE
Address 1901 ROSE BLVD
City-State-Zip: ORLANDO FL 32839

Title COACHING COORDINATOR
Name SANCHEZ, JERRY
Address 6515 BERET DR
City-State-Zip: ORLANDO FL 32809

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: MARIA A GOMEZ-VARGAS**PRESIDENT****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date