

2018 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:** No**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

07/03/2018

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	PLAYER AGENT
Name	GORDILLS, GILBERT
Address	1717 CHATHAM CIR
City-State-Zip:	APOPKA FL 32703
Title	TREASURER
Name	PETERSEN, TINISHA
Address	5165 CLARION HAMMOCK DR
City-State-Zip:	ORLANDO FL 32808
Title	COACHING COORDINATOR
Name	CANDELARIA, JOAN
Address	1119 KEATS AVE
City-State-Zip:	ORLANDO FL 32809

Title	VICE PRESIDENT
Name	MORALES, EULALIO
Address	2249 ROSE BLVD
City-State-Zip:	ORLANDO FL 32839
Title	SECRETARY
Name	VALDEZ, ROSA
Address	1800 BUCHANAN BAY CIR APT 102
City-State-Zip:	ORLANDO FL 32839
Title	SAFETY OFFICER
Name	PETERSEN, ANDRES
Address	5165 CLARION HAMMOCK DR.
City-State-Zip:	ORLANDO FL 32808

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

07/03/2018

Electronic Signature of Signing Officer/Director Detail

Date