## **2020 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 09/15/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT GOMEZ-VARGAS, MARIA A Name Name MORALES, EULALIO 818 MARLOWE AVE Address 2249 ROSE BLVD Address City-State-Zip: ORLANDO FL 32839 ORLANDO FL 32809 City-State-Zip:

TitlePLAYER AGENTTitleSECRETARYNamePACHECO, CHARLOTTENameVALDEZ, ROSA

Address 2012 CABO SAN LUCAS DR Address 1800 BUCHANAN BAY CIR APT 102

City-State-Zip: ORLANDO FL 32809 City-State-Zip: ORLANDO FL 32839

Title TREASURER Title SAFETY OFFICER

NameCARMONA, DEBORAHNameCOTTO, JOSEAddress6515 BERET DRAddress1901 ROSE BLVD

City-State-Zip: ORLANDO FL 32809 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 09/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Sep 15, 2020

**Secretary of State** 

5530625979CC

Date