

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03857

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC2436992653**

**Entity Name:** ORANGE BASEBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

223 CADDIE CT.  
DEBARY, FL 32713

**Current Mailing Address:**

PO BOX 540898  
ORLANDO, FL 32854 US

**FEI Number: 59-2504131**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THORNBRUGH, KARL J  
435 HILLCREST DR.  
OVIEDO, FL 32765 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 PD  
Name KAPACINSKAS, LEN  
Address 223 CADDIE CT  
City-State-Zip: DEBARY FL 32713

Title VPD  
Name FLAY, KEVIN  
Address 910 ARBORMOOR PL.  
City-State-Zip: LAKE MARY FL 32746

Title S  
Name KIRK, FRANK  
Address 2035 COLLIER DR  
City-State-Zip: FERN PARK FL 32730

Title TREA  
Name THORNBRUGH, KARL  
Address 435 HILLCREST DR.  
City-State-Zip: OVIEDO FL 32765

Title D  
Name CARRILLO, STEVE  
Address PO BOX 246  
City-State-Zip: WINDEMERE FL 34786

Title D  
Name ADAM, BATES  
Address 14850 TULLAMORE LOOP  
City-State-Zip: WINTER GARDEN FL 34787

*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: KARL THORNBRUGH**

**TREASURER**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date