

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009351

**FILED  
Sep 11, 2018  
Secretary of State  
CC5159532501**

**Entity Name:** BALL PARKS 4 HIM, INC.

**Current Principal Place of Business:**

1945 COVE POINT ROAD  
PORT ORANGE, FL 32128

**Current Mailing Address:**

1945 COVE POINT ROAD  
PORT ORANGE, FL 32128

**FEI Number:** 27-3650701

**Certificate of Status Desired:** No

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

SIEGFRIED, MELISSA  
1945 COVE POINT ROAD  
PORT ORANGE, FL 32128 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 P  
Name SIEGFRIED, MELISSA  
Address 1945 COVE POINT ROAD  
City-State-Zip: PORT ORANGE FL 32128

Title VP  
Name SIEGFRIED, STEVE  
Address 1945 COVE POINT ROAD  
City-State-Zip: PORT ORANGE FL 32128

Title VP  
Name KURTH, WAYNE F  
Address 1945 COVE POINT ROAD  
City-State-Zip: PORT ORANGE FL 32128

*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:** MELISSA SIEGFRIED

**PRESIDENT**

**09/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date