

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005456

Entity Name: WEST SEMINOLE YOUTH BASEBALL, INC.**Current Principal Place of Business:**172 ALDER COURT
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**172 ALDER COURT
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 20-2823558**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COFFEY, HARVEY R
172 ALDER CT
ALTAMONTE SPRINGS, FL 32714 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	COFFEY, HARVEY R
Address	172 ALDER CT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	LITCHFIELD, JENNINGS R
Address	469 WEKIVA COVE RD
City-State-Zip:	ALTAMONTE SPRINGS FL 32779

Title	S
Name	LITCHFIELD, SARAH A
Address	469 WEKIVA COVE RD
City-State-Zip:	ALTAMONTE SPRINGS FL 32779

Title	VP
Name	COFFEY, MARTY D
Address	172 ALDER CT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	COFFEY, MARK G
Address	3824 TRADE STREET
City-State-Zip:	DELTONA FL 32738

Title	T
Name	COFFEY, DALE A
Address	542284 LEMTURNER RD
City-State-Zip:	CALLAHAN FL 32011

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: MARK COFFEY

VP

04/29/2014

Electronic Signature of Signing Officer/Director Detail_____
Date