

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008819

Entity Name: PORT ORANGE BASEBALL CLUB INC.**Current Principal Place of Business:**3836 SUNSET COVE DRIVE
PORT ORANGE, FL 32129**Current Mailing Address:**3836 SUNSET COVE DRIVE
PORT ORANGE, FL 32129 US**FEI Number:** 46-0802650**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRICKLAND, THOMAS C
3836 SUNSET COVE DRIVE
PORT ORANGE, FL 32129 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:** THOMAS STRICKLAND

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP BASEBALL OPERATIONS
Name MCKINNEY, LARRY
Address 6216 TORTOISE CREEK LANE
City-State-Zip: PORT ORANGE FL 32128

Title VP
Name STRICKLAND, TOM
Address 3836 SUNSET COVE DR.
City-State-Zip: PORT ORANGE FL 32129

Title PRESIDENT
Name NAVARRA, MIKE
Address PALMAS BAY CIRCLE
City-State-Zip: PORT ORANGE FL

Title DIRECTOR
Name SHANE, BARTHOLOMEW
Address P.O. BOX 291595
City-State-Zip: PORT ORANGE FL

Title DIRECTOR
Name MIKE , BELUS
Address P.O. BOX 291595
City-State-Zip: PORT ORANGE FL

Title SECRETARY
Name JEFF, ORNSTEIN
Address 3836 SUNSET COVE DR
City-State-Zip: PORT ORANGE FL 32129

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: TOM STRICKLAND

VP

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date