

**2018 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:**MCKINNEY, LAWRENCE K  
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:**\_\_\_\_\_  
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 PRESIDENT  
Name NAVARRA, MIKE  
Address PALMAS BAY CIRCLE  
City-State-Zip: PORT ORANGE FL

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

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

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

Title SECRETARY  
Name TIFFANY, FOSSON  
Address P.O. BOX 291595  
City-State-Zip: PORT ORANGE FL

*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

VICE PRESIDENT

03/04/2018

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