

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006657

**Entity Name:** WOUNDED WARRIOR UMPIRE ACADEMY INC.**Current Principal Place of Business:**826 N PENINSULA DRIVE  
DAYTONA BEACH, FL 32118**Current Mailing Address:**826 N PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 US**FEI Number:** 47-3861672**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILSON, GREGORY A  
826 N PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 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	WILSON, GREG
Address	826 N PENINSULA DRIVE
City-State-Zip:	DAYTONA BEACH FL 32118

Title	SEC
Name	PRITCHETT, DAVID
Address	2416 CYPRESS STREET
City-State-Zip:	HIGH POINT NC 27265

Title	VP
Name	PADILLA, RICHARD
Address	942 S GROVETON AVE
City-State-Zip:	GLENDORA CA 91740

  

Title	PR, TREASURER
Name	WILSON, MELANIE
Address	826 N PENINSULA DRIVE
City-State-Zip:	DAYTONA BEACH FL 32118

*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:** MELANIE WILSON**TREASURER****01/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date