

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006657

Entity Name: WOUNDED WARRIOR UMPIRE ACADEMY INC.

Current Principal Place of Business:

22 WATERBLUFF DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

22 WATERBLUFF DRIVE
ORMOND BEACH, FL 32174 US

FEI Number: 47-3861672

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILSON, GREGORY A
22 WATERBLUFF DRIVE
ORMOND BEACH, FL 32174 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 22 WATERBLUFF DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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 22 WATERBLUFF DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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: GREGORY WILSON

PRESIDENT

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date