

**2024 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:** No

**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:** GREGORY A WILSON

**PRESIDENT**

**02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date