

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22116

**FILED**  
**Jan 18, 2016**  
**Secretary of State**  
**CC8257139222**

**Entity Name:** SAY BASEBALL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

3437 BARNSTABLE PLACE  
ORLANDO, FL 32827

**Current Mailing Address:**

PO BOX 561556  
ORLANDO, FL 32856-1556 US

**FEI Number: 59-3040163**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRABHORN, DAN D  
6516 THE LANDINGS DR  
ORLANDO, FL 32812 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  
Name           ALLEN, JOHN  
Address       12800 BROLEMAN ROAD  
City-State-Zip: ORLANDO FL 32832

Title           TREASURER  
Name           GRABHORN, DANIEL  
Address       6516 THE LANDINGS DR  
City-State-Zip: ORLANDO FL 32812

Title           PRESIDENT  
Name           FIOLA, ROBERT  
Address       2493 TRENTWOOD BLVD  
City-State-Zip: ORLANDO FL 32812

Title           SECRETARY  
Name           LACHAPELLE, KRISTIN  
Address       3406 CARNS AVE  
City-State-Zip: ORLANDO FL 32806

*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: GRABHORN , DANIEL**

**TREASURER**

**01/18/2016**

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

\_\_\_\_\_  
Date