#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22116

Entity Name: SAY BASEBALL OF CENTRAL FLORIDA, INC.

**FILED** Feb 15, 2017 **Secretary of State** CC4810313883

## **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 Title **TREASURER** 

MIGETZ, DAVID Name GRABHORN, DANIEL Name 4409 HOFFNER AVE Address 6516 THE LANDINGS DR Address

APT# 401

City-State-Zip: ORLANDO FL 32812

City-State-Zip: ORLANDO FL 32812

Title **SECRETARY** Title **PRESIDENT** 

Name LACHAPELLE, KRISTIN Name TAMBORLANE, ROGER Address 3406 CARNS AVE 2493 TRENTWOOD BLVD Address ORLANDO FL 32806 City-State-Zip:

City-State-Zip: ORLANDO FL 32812

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: DANIEL GRABHORN **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

02/15/2017 Date