

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34661

**Entity Name:** FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, INC.

**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**0315299648CC**

**Current Principal Place of Business:**

% MARCELA SANTOYO  
10166 PINK CARNATION CT  
ORLANDO, FL 32825

**Current Mailing Address:**

% MARCELA SANTOYO  
10166 PINK CARNATION CT  
ORLANDO, FL 32825 US

**FEI Number: 59-2306520**

**Certificate of Status Desired: Yes**

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

SANTOYO, MARCELA L  
10166 PINK CARNATION CT  
ORLANDO, FL 32825 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            PRES  
Name            OGDEN, PEGGY  
Address        5756 N IRVING AVE  
City-State-Zip: HERNANDO FL 34442

Title            VP2  
Name            SANDRA, EGAN  
Address        157 SEA HAWK DR  
City-State-Zip: DAYTONA BEACH FL 32119

Title            VP1  
Name            YOST, ROBERT  
Address        4058 BEDFORD AVE  
City-State-Zip: WINER HAVEN FL 32884

Title            S/T  
Name            SANTOYO, MARCELA  
Address        10166 PINK CARNATION CT  
City-State-Zip: ORLANDO FL 32825

Title            VP3  
Name            KOHNEN, DAVID  
Address        11200 CENTRALIA ROAD  
City-State-Zip: WEEKI WACHEE FL 34614

*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: MARCELA SANTOYO**

**SECRETARY/TREASURER 03/04/2024**

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

\_\_\_\_\_  
Date