

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702201

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2728531206CC**

**Entity Name:** PINECASTLE AREA LITTLE LEAGUE INC

**Current Principal Place of Business:**

814 W. OAK RIDGE RD.  
ORLANDO, FL 32809

**Current Mailing Address:**

P.O. BOX 593425  
ORLANDO, FL 32859-3425

**FEI Number:** 59-1865469

**Certificate of Status Desired:** Yes

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

GOMEZ, MARIA A  
818 MARLOWE AVE  
ORLANDO, FL 32809 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:** MARIA A. GOMEZ

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GOMEZ-VARGAS, MARIA A  
Address        818 MARLOWE AVE  
City-State-Zip: ORLANDO FL 32809

Title            VICE PRESIDENT  
Name            MORALES, EULALIO  
Address        2249 ROSE BLVD  
City-State-Zip: ORLANDO FL 32839

Title            PLAYER AGENT  
Name            PACHECO, CHARLOTTE  
Address        2012 CABO SAN LUCAS DR  
City-State-Zip: ORLANDO FL 32809

Title            SECRETARY  
Name            VALDEZ, ROSA  
Address        1800 BUCHANAN BAY CIR APT 102  
City-State-Zip: ORLANDO FL 32839

Title            TREASURER  
Name            CARMONA, DEBORAH  
Address        6515 BERET DR  
City-State-Zip: ORLANDO FL 32809

Title            SAFETY OFFICER  
Name            COTTO, JOSE  
Address        1901 ROSE BLVD  
City-State-Zip: ORLANDO FL 32839

Title            COACHING COORDINATOR  
Name            SANCHEZ, JERRY  
Address        6515 BERET DR  
City-State-Zip: ORLANDO FL 32809

*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:** MARIA A GOMEZ-VARGAS

**PRESIDENT**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date