

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

DOCUMENT# N01000005726

**FILED  
Apr 30, 2019  
Secretary of State  
3606071906CC**

**Entity Name:** FLORIDA LACROSSE ASSOCIATION, INC.

**Current Principal Place of Business:**

375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL 32750

**Current Mailing Address:**

375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL 32750 US

**FEI Number: 59-3746004**

**Certificate of Status Desired: No**

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

CURRY, CHRISTOPHER C  
3333 WALD RD  
ORLANDO, FL 32806 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            PRESIDENT, DIRECTOR  
Name            CASADEMONT, TOM  
Address        375 COMMERCE WAY  
                  SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER, DIRECTOR  
Name            ST. LAURENT, WILLIAM  
Address        375 COMMERCE WAY  
                  SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            MORAN, BRIAN  
Address        375 COMMERCE WAY  
                  SUITE 101  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            GILE, CRAIG  
Address        375 COMMERCE WAY  
                  SUITE 101  
City-State-Zip: LONGWOOD FL 32750

*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: WILLIAM ST. LAURENT**

**DIRECTOR/TREASURER**

**04/30/2019**

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

\_\_\_\_\_  
Date