#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002546

Entity Name: WELLSWOOD YOUTH BASEBALL, INC.

**FILED** May 02, 2015 **Secretary of State** CC6586464017

Date

#### **Current Principal Place of Business:**

4901 N. HOWARD AVENUE TAMPA FL 33603

### **Current Mailing Address:**

P.O. BOX 152985 TAMPA FL 33684

FEI Number: 14-2002626 Certificate of Status Desired: Yes

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

DARRIGO, RONALD DESQ. 4504 NORTH ARMENIA AVENUE TAMPA FL 33603 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:

City-State-Zip:

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Electronic Signature of Registered Agent

GONZALEZ, STEVE CORINITI, DAVID Name Name

912 WEST CORAL STREET Address 7117 N. ARMENIA AVE. Address

City-State-Zip: TAMPA FL 33602 TAMPA FL 33604 City-State-Zip:

VΡ Title Title **TREASURER** 

Name CORINITI, DAVID Name FRUGE, ALEXIS

Address 912 WEST CORAL STREET Address 310 W. FRIERSON AVENUE

TAMPA FL 33602 City-State-Zip: City-State-Zip: TAMPA FL 33603

Title **TREASURER** VΡ Title

Name FRUGE, ALEXIS GONZALEZ, STEVE Name

Address 310 W. FRIERSON AVENUE 16450 CYPRESS WATER WAY Address

#606

TAMPA FL 33624

Title VΡ

VΡ Title GONZALEZ, STEVE Name

Name CORINITI, DAVID 16450 CYPRESS WATER WAY Address

Address 912 WEST CORAL STREET #606

TAMPA FL 33624 City-State-Zip:

City-State-Zip: TAMPA FL 33602

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TAMPA FL 33603

City-State-Zip:

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.

05/02/2015 SIGNATURE: ALEXIS FRUGE TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TREASURER
Name FRUGE, ALEXIS

Address 310 W. FRIERSON AVENUE

City-State-Zip: TAMPA FL 33603