

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002546

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC0309311209**

**Entity Name:** WELLSWOOD YOUTH BASEBALL, INC.

**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:** No

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOLITSKY, CARISSA  
Address        7117 N. ARMENIA AVE.  
City-State-Zip: TAMPA FL 33604

Title            VP  
Name            CORINITI, DAVID  
Address        912 WEST CORAL STREET  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            GONZALEZ, STEVE  
Address        16450 CYPRESS WATER WAY  
                  #606  
City-State-Zip: TAMPA FL 33624

Title            TREASURER  
Name            FRUGE, ALEXIS  
Address        310 W. FRIERSON AVENUE  
City-State-Zip: TAMPA FL 33603

Title            VP  
Name            CORINITI, DAVID  
Address        912 WEST CORAL STREET  
City-State-Zip: TAMPA FL 33602

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Name            GONZALEZ, STEVE  
Address        16450 CYPRESS WATER WAY  
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Title            TREASURER  
Name            FRUGE, ALEXIS  
Address        310 W. FRIERSON AVENUE  
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Title            VP  
Name            CORINITI, DAVID  
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City-State-Zip: TAMPA FL 33602

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*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:** ALEXIS FRUGE

**TREASURER**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GONZALEZ, STEVE  
Address 16450 CYPRESS WATER WAY  
#606  
City-State-Zip: TAMPA FL 33624

Title TREASURER  
Name FRUGE, ALEXIS  
Address 310 W. FRIERSON AVENUE  
City-State-Zip: TAMPA FL 33603