

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005456

**Entity Name:** WEST SEMINOLE YOUTH BASEBALL,INC.

**Current Principal Place of Business:**

495 MAPLE STREET  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

495 MAPLE STREET  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 47-4460068**

**Certificate of Status Desired: No**

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

CLARK, JAMES  
495 MAPLE STREET  
ALTAMONTE SPRINGS, FL 32714 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: JAMES CLARK**

**03/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name COFFEY, HARVEY R  
Address 495 MAPLE STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title BOARD MEMEBR  
Name LITCHFIELD, SARAH A  
Address 469 WEKIVA COVE RD  
City-State-Zip: LONGWOOD FL 32779

Title BOARD MEMBER  
Name HARRISON, JODY  
Address 2330 PALMETTO DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title BOARD MEMBER  
Name MELENDEZ, DAVID  
Address 1008 ST. CROIX AVE  
City-State-Zip: APOPKA FL 32703

Title BOARD MEMBER  
Name WILLIAMSON, JULIANNE  
Address 453 VILLAGE VIEW LANE  
City-State-Zip: LONGWOOD FL 32779

Title BOARD MEMBER  
Name HUMPHERY, RICK  
Address 2852 SPYGLASS COVE  
City-State-Zip: LONGWOOD FL 32779

Title V  
Name DICKMYER, EDDIE  
Address 545 WILLOW WAY  
City-State-Zip: WINTER SPRINGS FL 32708

Title S  
Name CUSICK, BECKY  
Address 983 ROLLING OAKS COVE  
City-State-Zip: ALTA. SPGS FL 32714

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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: JAMES A. CLARK**

**PRESIDENT**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TR  
Name THOMPSON, SHANE  
Address 841 RIVERBEND BLVD  
City-State-Zip: LONGWOOD FL 32779

Title T  
Name WOOD, STEPHEN  
Address 270 NEEDLES TRAIL  
City-State-Zip: LONGWOOD FL 32779