

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** Yes

**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

09/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, AND REGISTERED  
AGENT  
Name            CLARK, JAMES  
Address        9545 SOUTHERN GARDEN CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VICE PRESIDENT FINANCE  
TREASURER  
Name            LITCHFIELD, JENNINGS R  
Address        469 WEKIVA COVE RD  
City-State-Zip: LONGWOOD FL 32779

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

Title            SECRETARY  
Name            SULLIVAN, WALTER  
Address        102 EAST BERKSHIRE CIRCLE  
City-State-Zip: LONGWOOD FL 32779

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

**Continues on page 2**

*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 CLARK

**PRESIDENT**

09/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               BOARD MEMBER  
Name               LAMONTAGNE, DAVID  
Address            104 EAST BERKSHIRE CIRCLE  
City-State-Zip:   LONGWOOD FL 32779

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