

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

DOCUMENT# N93000001864

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC9938562785**

**Entity Name:** ORLANDO SENIOR BASEBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

1120 ALBERTA STREET  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 150445  
ALTAMONTE SPRINGS, FL 32715

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MISKO, ROBERT  
1120 ALBERTA STREET  
LONGWOOD, FL 32750 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 P  
Name MISKO, ROBERT  
Address 1120 ALBERTA STREET  
City-State-Zip: LONGWOOD FL 32750

Title T, VP  
Name CARELS, JAMES C  
Address 2345 PARK VILLAGE PLACE  
City-State-Zip: APOPKA FL 32712

Title S  
Name BEATTY, GEORGE  
Address 337 REDWING WAY  
City-State-Zip: CASSELBERRY FL 32707

Title VP  
Name ROSADO, JOSE  
Address 1120 ALBERTA STREET  
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:** JAMES C. CARELS

VP, T

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date