

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006994

**Entity Name:** VIERA/SUNTREE LITTLE LEAGUE, INC.**Current Principal Place of Business:**6300 N. WICKHAM RD.  
SUITE 130-211  
MELBOURNE, FL 32940**Current Mailing Address:**6300 N. WICKHAM RD.  
SUITE 130-211  
MELBOURNE, FL 32940**FEI Number:** 65-0905126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VIERA SUNTREE LITTLE LEAGUE  
6300 N. WICKHAM RD.  
SUITE 130-211  
MELBOURNE, FL 32940 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:** ROB MOTTY**03/28/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TREA  
Name MOTTY, ROB  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title VP  
Name GLENN DINNER, JOHN  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title SAFETY OFFICER  
Name BAXTER, BART  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title BACKGROUND CHECK MANAGER  
Name GALLUZZI, NICK  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title PLAYER AGENT  
Name HUFFMAN, MARK  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY  
Name JORDAN, KIM  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title VP  
Name ALLEN, JOSH  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

Title PRESIDENT  
Name GUTIERREZ, CHARLIE  
Address 6300 N. WICKHAM RD.  
SUITE 130-211  
City-State-Zip: MELBOURNE FL 32940

**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:** ROB MOTTY**TREASURER****03/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            FUNDRAISING MANAGER  
Name            HEAD, DAVE  
Address        6300 N. WICKHAM ROAD  
                  #130-211  
City-State-Zip: MELBOURNE FL 32940

Title            UMPIRE IN CHARGE  
Name            PEACOCK, AARON  
Address        6300 N. WICKHAM ROAD  
                  #130-211  
City-State-Zip: MELBOURNE FL 32940

Title            VP  
Name            CARUSO, BOBBY  
Address        6300 N. WICKHAM ROAD  
                  #130-211  
City-State-Zip: MELBOURNE FL 32940

Title            COACHING COORDINATOR  
Name            BAHRENS, JARRETT  
Address        6300 N. WICKHAM ROAD  
                  #130-211  
City-State-Zip: MELBOURNE FL 32940