

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

DOCUMENT# N99000002031

**Entity Name:** TALLAHASSEE ADULT RECREATIONAL BASEBALL LEAGUE, INC.**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC4875114101****Current Principal Place of Business:**3520 THOMASVILLE RD.  
4TH FLOOR  
TALLAHASSEE, FL 32309**Current Mailing Address:**3520 THOMASVILLE RD.  
4TH FLOOR  
TALLAHASSEE, FL 32309 US**FEI Number: 46-3470762****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOLETZ, SHAWN  
3520 THOMASVILLE RD.  
4TH FLOOR  
TALLAHASSEE, FL 32309 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, DIRECTOR  
Name        GOLETZ, SHAWN  
Address     3520 THOMASVILLE RD.  
              4TH FLOOR  
City-State-Zip: TALLAHASSEE FL 32309

Title        TREASURER, DIRECTOR  
Name        HAMILTON, SCOTT  
Address     2219 TEN OAKS DR.  
City-State-Zip: TALLAHASSEE FL 32312

Title        SECRETARY, DIRECTOR  
Name        PEARSON, MAX  
Address     3454 JOHN HANCOCK DR  
City-State-Zip: TALLAHASSEE FL 32312

Title        DIRECTOR  
Name        DUNCAN, ADAM  
Address     1425 ALSHIRE CT. S.  
City-State-Zip: TALLAHASSEE FL 32317

Title        DIRECTOR, TREASURER  
Name        SWAINE, RICK  
Address     521 OLD MAGNOLIA RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title        VP, DIRECTOR  
Name        SAWICKI, JOHN  
Address     1883 FOLKSTONE RD  
City-State-Zip: TALLAHASSEE FL 32312

Title        DIRECTOR  
Name        CRONIN, JOE  
Address     3701 SALLY LN  
City-State-Zip: TALLAHASSEE FL 32312

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: SHAWN GOLETZ****PRESIDENT****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date