

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

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

Title            VP, DIRECTOR  
Name            SAWICKI, JOHN  
Address        1883 FOLKSTONE RD  
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            CRONIN, JOE  
Address        3701 SALLY LN  
City-State-Zip: TALLAHASSEE FL 32312

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

*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