

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007888

**Entity Name:** PINELLAS COUNTY YOUTH BASEBALL, INC.**Current Principal Place of Business:**10150 98TH ST N  
SEMINOLE, FL 33777**Current Mailing Address:**10150 98TH ST  
SEMINOLE, FL 33777 US**FEI Number: 88-3042265****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBER, CRABB & WEIN, P.A.  
5453 CENTRAL AVE  
ST PETERSBURG, FL 33710 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 SECRETARY  
Name FELTEN, AMANDA A  
Address 5453 CENTRAL AVE  
City-State-Zip: ST PETERSBURG FL 33710

Title DIRECTOR  
Name O' DRISCOLL, CHRIS  
Address 11960 92ND AVE  
City-State-Zip: SEMINOLE FL 33772

Title T  
Name POWERS, ALEX  
Address 10150 98TH ST.  
City-State-Zip: SEMINOLE FL 33777

Title D  
Name STOWERS, JACOB  
Address 9449 125TH ST  
City-State-Zip: SEMINOLE FL 33772

Title VP  
Name LOVAGLIO, JT  
Address 12532 93RD WAY  
City-State-Zip: LARGO FL 33773

Title PRESIDENT  
Name PEREZ, MAX  
Address 10824 BOCA CLUB CT  
City-State-Zip: SEMINOLE FL 33772

Title D  
Name GAYDEN, MICHAEL  
Address 10150 98TH ST N  
City-State-Zip: SEMINOLE FL 33777

Title D  
Name DORN, TERRI  
Address 14665 WILDWOOD DR  
City-State-Zip: LARGO FL 33774

*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: MAX M PEREZ****PRESIDENT****03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date