


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 757873 1. Entity Name OCOEE LITTLE LEAGUE, INC.						FILED 04 DEC 13 PM 2:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 266 OCOEE, FL 34761				Mailing Address P.O. BOX 266 OCOEE, FL 34761			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 52-1234561				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOOD, GARY 2028 HEDGEROW CIRCLE OCOEE, FL 34061				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOD, GARY 2028 HEDGEROW CIRCLE OCOEE, FL 39761 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Karen Parker 969 SATIN leaf circle OCOEE, FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRITTON, MAX 1689 RACHEL RIDGE OCOEE, FL 34761 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lisa Evans 1822 Prairie Lake Blvd OCOEE, FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR DARRISH, TIM 657 OLYMPIC DR. OCOEE, FL 34761 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Berrish, Jim <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINTER, DON 2425 CLIFFDALE ST. OCOEE, FL 34761 <input checked="" type="checkbox"/> Delete			100043373321 12/14/04--01003--005 **236.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUIKER, JULIE 918 RED DANDY DRIVE ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTON, VICKI 1689 RACHELS RIDGE OCOEE, FL 34761 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							