

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 713112

FILED
Feb 07, 2006
Secretary of State

Entity Name: IMMOKALEE LITTLE LEAGUE BASEBALL ASSOCIATION, INCORPORATED

Current Principal Place of Business:

P.O. BOX 5096
IMMOKALEE, FL 34143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5096
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 52-1242228 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOODNIGHT, APRIL
804 TIPPINS TERRACE
IMMOKALEE, FL 34142 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: APRIL GOODNIGHT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODNIGHT, APRIL
Address: 804 TIPPINS TERRACE
City-St-Zip: IMMOKALEE, FL 34142

Title: VPD () Delete
Name: WILLIAMS, JACKIE W
Address: 641 N 9TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: T () Delete
Name: YZAGUIRRE, TAMMY S
Address: 150 CARLISLE AVENUE S
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S () Delete
Name: GONZALEZ, CINDY
Address: 1104 MARJORIE STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FONSECA, NORA M
Address: 4285 LITTLE LEAGUE COURT
City-St-Zip: IMMOKALEE, FL 34142

Title: T (X) Change () Addition
Name: BARNHART, JANIE
Address: P.O. BOX 693
City-St-Zip: IMMOKALEE, FL 34143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: APRIL GOODNIGHT

PD

02/07/2006

Electronic Signature of Signing Officer or Director

Date