

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 704752

FILED
Oct 13, 2009
Secretary of State

Entity Name: NORTHWEST LITTLE LEAGUE INC

Current Principal Place of Business:

6701 - 40 AVENUE NORTH
ST PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

3160 61 LANE NORTH
ST PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-6495395 **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:

PERKINS, KYLE
6944 ABERFELDY AVENUE NORTH
ST. PETERSBURG, FL 33709 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: KYLE PERKINS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERKINS, KYLE
Address: 6944 ABERFELDY AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: TREA () Delete
Name: MASI, MARY KAY
Address: 3160 61ST LANE, NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: 1VP (X) Delete
Name: EBNER, JOHN
Address: 5751 APPLECROSS ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D (X) Delete
Name: EBNER, AMY
Address: 5751 APPLECROSS STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D (X) Delete
Name: COHEN, PAMELA
Address: 4822 56TH WAY NORTH
City-St-Zip: KENNETH CITY, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY KAY MASI

TREA

10/13/2009

Electronic Signature of Signing Officer or Director

Date