

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 718140

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** INVERNESS LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

6431 EAST SHADOW LANE  
INVERNESS, FL 34452 US

**New Principal Place of Business:**

437 E SAVOY STREET  
LECANTO, FL 34461 US

**Current Mailing Address:**

PO BOX 2351  
INVERNESS, FL 344512351 US

**New Mailing Address:**

**FEI Number:** 59-2472922      **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:**

RODGERS, KEVIN  
6431 EAST SHADOW LANE  
INVERNESS, FL 34452 US

**Name and Address of New Registered Agent:**

MEEKS, DAVID  
437 E SAVOY STREET  
LECANTO, FL 34461 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: DAVID M MEEKS

10/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: RODGERS, KEVIN  
Address: 6431 EAST SHADOW LANE  
City-St-Zip: INVERNESS, FL 34452

Title: VP ( ) Delete  
Name: WOLF, WINSTON  
Address: PO BOX 2351  
City-St-Zip: INVERNESS, FL 34451

Title: TRES ( ) Delete  
Name: QUESENBERRY, KRISTIE  
Address: PO BOX 2351  
City-St-Zip: INVERNESS, FL 34451

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MEEKS, DAVID  
Address: 437 E SAVOY STREET  
City-St-Zip: LECANTO, FL 34461

Title: VP (X) Change ( ) Addition  
Name: GREGORY, ZEKE  
Address: PO BOX 2351  
City-St-Zip: INVERNESS, FL 34451

Title: TRES (X) Change ( ) Addition  
Name: HAYES, BRYAN  
Address: PO BOX 2351  
City-St-Zip: INVERNESS, FL 34451

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: DAVID M MEEKS

PRES

10/27/2008

Electronic Signature of Signing Officer or Director

Date