

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -4 PM 1:39

SECRETARY OF STATE  
RAIL APASS SEC. FLORIDA



**DOCUMENT # 734385**  
1. Entity Name  
**POLK CITY LITTLE LEAGUE, INC.**

Principal Place of Business DUEY RD PO BOX 177 POLK CITY, FL 33868 US	Mailing Address DUEY RD PO BOX 177 POLK CITY, FL 33868
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1838759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DAVIS, CAROL  
211 HAMOLIA AVE  
POLK CITY, FL 33868

**7. Name and Address of New Registered Agent**

Name Melissa Gunderson  
Street Address (P.O. Box Number is Not Acceptable)  
9105 Samaritan Ave.  
City Polk City FL Zip Code 33868

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 Melissa Gunderson - treasurer DATE 11-29-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE P	DAVIS, CAROL <input checked="" type="checkbox"/> Delete 211 HAMOLIA AVE POLK CITY, FL 33868
TITLE VP	MCKENZIE, BRIAN <input checked="" type="checkbox"/> Delete 6545 VIBURNUM COURT POLK CITY, FL 33868
TITLE S	BEACH, REGINA <input checked="" type="checkbox"/> Delete 4320 HAGAN RD POLK CITY, FL 33868
TITLE T	GUNDERSON, MELISSA <input type="checkbox"/> Delete 9105 SAMARITAN AVENUE POLK CITY, FL 33868
TITLE PAT	WEIRATHER, PAM <input checked="" type="checkbox"/> Delete 6199 BUCKHILL RD POLK CITY, FL 33868
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	Steve Beach <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4320 Hagan Rd. Polk City, Fl. 33868
TITLE VP	Helen Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9410 Evans Rd. Polk City, Fl. 33868
TITLE S	Michael Bloomfield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 225 Carla Ann Court Auburndale, Fl. 33823
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400082256134 12/04/06--01050--019 **306.25
TITLE NAME	PAT Melissa Gunderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9105 Samaritan Ave. Polk City, Fl. 33868
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Melissa Gunderson Melissa Gunderson 11-29-06 863-9843192  
Signature and typed or printed name of signing officer or director Date Daytime Phone #