

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734385

FILED  
Oct 21, 2009  
Secretary of State

Entity Name: POLK CITY LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

DUEY RD  
POLK CITY, FL 33868 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 177  
POLK CITY, FL 33868

**New Mailing Address:**

FEI Number: 59-1838759      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:**

GUNDERSON, MELISSA  
9105 SAMARITAN AVENUE  
POLK CITY, FL 33868 US

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

SCHAFFER, DONNA  
9125 EVANS PASS  
POLK CITY, FL 33868 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: DONNA K. SCHAFFER

10/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, HELEN  
Address: 9410 EVANS ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: V ( ) Delete  
Name: BLAKEMORE, WAYNE  
Address: 370 BAYBERRY DR  
City-St-Zip: POLK CITY, FL 33868

Title: S ( ) Delete  
Name: SCHAFFER, DONNA  
Address: 9125 EVANS PASS RD  
City-St-Zip: POLK CITY, FL 33868

Title: T ( ) Delete  
Name: GUNDERSON, MELISSA  
Address: 9105 SAMARITAN AVENUE  
City-St-Zip: POLK CITY, FL 33868

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

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

Title: VP (X) Change ( ) Addition  
Name: DUNN, KENNY  
Address: STATE ROAD 33  
City-St-Zip: POLK CITY, FL 33868

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

Title: T (X) Change ( ) Addition  
Name: SCHAFFER, DONNA  
Address: 9125 EVANS PASS  
City-St-Zip: POLK CITY, FL 33868

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: DONNA K. SCHAFFER

TRES

10/21/2009

Electronic Signature of Signing Officer or Director

Date