

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