

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734560

FILED
Nov 05, 2009
Secretary of State

Entity Name: SKYWAY PARK LITTLE LEAGUE, INC.

Current Principal Place of Business:

4840 INDEPENDENCE PARKWAY
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 260398
TAMPA, FL 33685

New Mailing Address:

FEI Number: 52-1225447 **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:

ANDERSON, BOBBY
7502 MAYFAIR CT
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

BERARDINO, CHRISTINE
6815 DOVER CT
TAMPA, FL 33634 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: CHRISTINE BERARDINO

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, BOBBY
Address: 7505 MAYFAIR CT
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: CHISM, RUTH
Address: 10218 WILCOX CT
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: BERARDINO, CHRISTINE
Address: 6815 DOVER COURT
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: BLAMEY, MICHAELLE
Address: 1911 BELLE CHASE CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRACKIN, GIAN
Address: 8303 ARCHWOOD CIR
City-St-Zip: TAMPA, FL 33615

Title: SO (X) Change () Addition
Name: CHISM, RUTH
Address: 10218 WILCOX CT
City-St-Zip: TAMPA, FL 33615

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

Title: S (X) Change () Addition
Name: BLAMEY, MICHAELLE
Address: 7916 WOODVALE CIR
City-St-Zip: TAMPA, FL 33615

Title: VP () Change (X) Addition
Name: COLEMAN, JEFF
Address: 3937 VENETIAN WAY
City-St-Zip: TAMPA, FL 33634

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: CHRISTINE BERARDINO

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11/05/2009

Electronic Signature of Signing Officer or Director

Date