

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 737529

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ORANGE CITY LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

1595 WEST FRENCH AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 740365  
ORANGE CITY, FL 32774

**New Mailing Address:**

402 SHADY LANE  
ORANGE CITY, FL 32763

**FEI Number:** 59-1743592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROLEAU, JENNIFER L  
525 SOUTH CEDAR AVENUE  
ORANGE CITY, FL 32763 US

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

BATES, CHRISTINE  
1800 16TH STREET  
ORANGE CITY, FL 32763 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 BATES

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SHEPARD, APRIL  
Address: 1150 8TH STREET  
City-St-Zip: ORANGE CITY, FL 32763

Title: VPD  
Name: ALLEN, WILLIAM  
Address: 402 SHADY LANE  
City-St-Zip: ORANGE CITY, FL 32763

Title: VPD  
Name: LUNGARINI, DAVID  
Address: 1465 4TH STREET  
City-St-Zip: ORANGE CITY, FL 32763

Title: VPD  
Name: BATES, CHRISTINE  
Address: 1800 16TH STREET  
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE BATES

VPD

01/05/2012

Electronic Signature of Signing Officer or Director

Date