

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 757393

FILED
Nov 06, 2009
Secretary of State

Entity Name: GREATER PINE ISLAND LITTLE LEAGUE, INC.

Current Principal Place of Business:

5700 PINE ISLAND ROAD
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

GREATER PINE ISLAND L.L.
P O BOX 365
MATLACHA, FL 33993 US

New Mailing Address:

FEI Number: 59-2077251 **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:

SNEARLEY, TREVER P
5440 GAMEBIRD LANE
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

BRINSON, III, MELVILLE G
8359 STRINGFELLOW ROAD
UNIT A, SUITE 102
BOKEELIA, FL 33956 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: MELVILLE G. BRINSON, III

11/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNEARLEY, TREVER P
Address: 5440 GAMEBIRD LANE
City-St-Zip: BOKEELIA, FL 33922 US

Title: TD () Delete
Name: RABINETTE, STEVE
Address: 5431 STRINGFELLOW RD.
City-St-Zip: ST. JAMES CITY, FL 33856 US

Title: SD () Delete
Name: CLAPP, THOMAS
Address: 2270 DIXIE LEE CT.
City-St-Zip: ST. JAMES CITY, FL 33956 US

Title: VPD (X) Delete
Name: EVERDELL, DYLAN
Address: 4670 SE 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLMES, PAULA
Address: 3595 SNOWBIRD LANE
City-St-Zip: ST. JAMES CITY, FL 33956 US

Title: TD (X) Change () Addition
Name: CLAPP, THOMAS
Address: 2270 DIXIE LEE COURT
City-St-Zip: ST. JAMES CITY, FL 33956 US

Title: VPD (X) Change () Addition
Name: PATTERSON, MARK
Address: 3852 PERKINS LANE
City-St-Zip: ST. JAMES CITY, FL 33956 US

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

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: THOMAS CLAPP

TD

11/06/2009

Electronic Signature of Signing Officer or Director

Date