

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 763610

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** AUBURNDALE YOUTH FOOTBALL LEAGUE, INC.

**Current Principal Place of Business:**

99 ROBINSON STREET  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2131  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 59-2157517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BANKS, TARA PD  
127 QUAILWOOD DRIVE  
WINTER HAVEN, FL 33880 US

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

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: TARA E BANKS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BANKS, TARA  
Address: 127 QUAILWOOD DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete  
Name: BIRTHISEL, BETH  
Address: 233 24TH COURT SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD ( ) Delete  
Name: ARMSTRONG, SUZANNE  
Address: 9118 LAKE HATCHINEHA ROAD  
City-St-Zip: HAINES CITY, FL 33844

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

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

Title: VD (X) Change ( ) Addition  
Name: CRUZ, MARGARET  
Address: 2230 LAKE BLVD  
City-St-Zip: WINTER HAVEN, FL 33881

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: TARA E BAKS

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date