

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000003281</b> 1. Entity Name <b>OKEECHOBEE SENIOR LEAGUE FOOTBALL ASSOCIATION, INC.</b>				<b>FILED</b> <b>08 AUG 28 PM 12:30</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1160 SW 20 AVE OKEECHOBEE, FL 34974</b>		Mailing Address <b>1160 SW 20 AVE OKEECHOBEE, FL 34974</b>			
2. Principal Place of Business - No P.O. Box # <b>1812 S.W. 10th Street</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Okeechobee Florida</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0685835</b>	
Zip <b>34974</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHOONMAKER, MARY JANE 1160 SW 20 AVE OKEECHOBEE, FL 34974</b>			7. Name and Address of New Registered Agent Name <b>Mandy J. Rhoden</b> Street Address (P.O. Box Number is Not Acceptable) <b>1812 S.W. 10th Street</b> City <b>Okeechobee</b> <b>FL</b> Zip Code <b>34974</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Mandy Rhoden</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$297.50</b>		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, MARVIN 644 NW 21ST LANE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Date Durance 12450 Hwy 441 SE Okeechobee FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, DARRYL 710 NW 21ST LANE OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200135069592 08/28/08--01036--013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RHODEN, MANDY 1812 SW 10TH Street OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	08/28/08--01036--013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHOONMAKER, MARY JANE 1160 SW 20TH AVE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFOUR, MYFON 6345 NE 72ND CIRCLE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST RHODEN, JOHN 1812 SW 10TH Street OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Mandy Rhoden</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>8/26/08</b> Daytime Phone # <b>863-763-3261</b>					

Mandy Rhoden

8/29/08