

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005541

FILED
Nov 05, 2009
Secretary of State

Entity Name: NEW YORK-PENN LEAGUE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

6161 DR. MARTIN LUTHER KING JR. ST N
STE 205
ST PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

6161 DR. MARTIN LUTHER KING JR. ST N
STE 205
ST PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 22-3861346 **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:

Name and Address of New Registered Agent:

BEN J. HAYES, P.A.
6161 DR. MARTIN LUTHER KING JR. ST. N
SUITE 205
ST. PETERSBURG, FL 33073 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: BEN J. HAYES, PRESIDENT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYES, BEN
Address: 200 CENTRAL AVENUE, SUITE 2300
City-St-Zip: ST PETERSBURG, FL 33701

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

Title: D () Delete
Name: KNUDSEN, C.J.
Address: 1 MAIN STREET, SUITE 4
City-St-Zip: WINOOSKI, VT 05404

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

Title: D () Delete
Name: GANEY, THOMAS
Address: 130 N. DIVISION STREET
City-St-Zip: AUBURN, NY 13021

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

Title: D () Delete
Name: GLADSTONE, WILLIAM L
Address: P.O. BOX 694
City-St-Zip: TROY, NY 12181

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

Title: D () Delete
Name: EISEMAN, JEFF
Address: 873 LONG DRIVE
City-St-Zip: ABERDEEN, MD 21001

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

Title: D () Delete
Name: GOLDKLANG, JEFF
Address: P O BOX 661
City-St-Zip: FISHKILL, NY 12524

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: BEN J. HAYES

P

11/05/2009

Electronic Signature of Signing Officer or Director

Date