2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# N03000003873

Entity Name: MARTIN COUNTY COBRAS HOCKEY LEAGUE, INC.

Current Principal Place of Business:

1606 EAST 10TH STREET
STUART, FL

New Principal Place of Business:

Current Mailing Address:

1606 EAST 10TH STREET
STUART, FL

New Mailing Address:

1606 EAST 10TH STREET
STUART, FL 34994

FEI Number: 06-1690124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HARDIE, RENEE
4735 SE WINTER HAVEN COURT
STUART, FL 34997 US

Name and Address of New Registered Agent:

KELLER, LYN L
1606 EAST 10TH STREET
STUART, FL 34994 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: LYN KELLER 03/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLER, KERRY
Address: 1606 EAST 10TH STREET
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: KELLER, LYNN
Address: 1606 EAST 10TH STREET
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: HARDIE, RENEE
Address: 47358 SE WINTER HAVEN CT
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: DETRUIT, JOANNE
Address: CAPTIVA DR
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANE DETRUIT TD 03/07/2005
Electronic Signature of Signing Officer or Director Date