2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# N03000006438

Entity Name: LAKE COUNTY VOLLEYBALL OFFICIALS ASSOCIATION INC.

Current Principal Place of Business:

3731 BRITT ROAD
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 541
EUSTIS, FL 32727

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

DECKER, ROBERT T
5059 CHINA SEA DRIVE
TAVARES, FL 32778 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: ROBERT T DECKER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TAYLOR, WILLIAM B
Address: 3731 BRITT RD.
City-St-Zip: MOUNT DORA, FL 32757

Title: VP ( ) Delete
Name: ACKERMANN, GENE
Address: 1514 HILLTOP DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: ST ( ) Delete
Name: SPEAKE, JAMES L JR.
Address: 2412 BAYWATER RD
City-St-Zip: TAVARES, FL 32778

Title: BA ( ) Delete
Name: DECKER, ROBERT T
Address: 5059 CHINA SEA DRIVE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES L SPEAKE, JR. S/T 10/12/2007
Electronic Signature of Signing Officer or Director — Date