2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002254

FILED Mar 08, 2007 Secretary of State

Entity Name: LAKE COUNTY POLICE ACTIVITIES LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

360 W RUBY ST TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

800 N. HWY 27 MINNEOLA, FL 34715

FEI Number: 34-1983374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STEVENSON, ELBERT 360 W RUBY ST TAVARES, FL 32778 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: ELBERT STEVENSON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 PALMER, MARK MAJOR
 Name:
 WISE, LEWIE CPA

 Address:
 360 W RUBY ST
 Address:
 360 WEST RUBY STREET

Address: 360 W RUBY ST Address: 360 WEST RUBY STREE
City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: V () Delete Title: V (X) Change () Addition Name: RAY, MICHAEL DR Name: LA POLLA, JOE

Address: 1101 CITRUS TOWER BLVD Address: 360 WEST RUBY STREET
City-St-Zip: CLERMONT, FL 34711 City-St-Zip: TAVARES, FL 32778

Title: S () Delete Title: S (X) Change () Addition Name: CORDOVA, SUE Name: FRANA, JOE

 Address:
 302 W PEARL ST
 Address:
 360 WEST RUBY STREET

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 TAVARES, FL 32778

Title: T () Delete Title: T (X) Change () Addition

 Name:
 WISE, LEWIE
 Name:
 CORDOVA, SUE

 Address:
 800 N. HWY 27
 Address:
 360 WEST RUBY STREET

 City-St-Zip:
 MINNEOLA, FL 34715
 City-St-Zip:
 TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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: LEWIE WISE PRES 03/08/2007