

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005134

FILED
Sep 19, 2005
Secretary of State

Entity Name: RIVERVIEW RAIDERS, JR FOOTBALL, INC.

Current Principal Place of Business:

3133 REVELS RD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

8133 REVELS RD
RIVERVIEW, FL 33569 US

Current Mailing Address:

3133 REVELS RD
RIVERVIEW, FL 33569 US

New Mailing Address:

8133 REVELS RD
RIVERVIEW, FL 33569 US

FEI Number: 20-1156048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, WILLIAM
3133 REVELS RD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

EVANS, WILLIAM
8133 REVELS RD
RIVERVIEW, FL 33569 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: WILLIAM EVANS

09/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: EVANS, WILLIAM
Address: 3133 REVELS RD
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VD () Delete
Name: LEWIS, GREG
Address: 2412 HERMOSA DR
City-St-Zip: TAMPA, FL 33619 US

Title: VD () Delete
Name: EVANS, MICHAEL
Address: 10609 5TH STREET
City-St-Zip: RIVERVIEW, FL 33569 US

Title: SEC () Delete
Name: BYERS, AMY
Address: 11407 TUCKER RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: EVANS, WILLIAM
Address: 8133 REVELS RD
City-St-Zip: RIVERVIEW, FL 33569 US

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

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

Title: SEC (X) Change () Addition
Name: HYMAN, TANYA
Address: 1804 CRAVEN DR.
City-St-Zip: SEFFNER, FL 33814

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: WILLIAM EVANS

PD

09/19/2005

Electronic Signature of Signing Officer or Director

Date