2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 05, 2009
Secretary of State

DOCUMENT# N04000008715

Entity Name: PREMIER PLAYERS SPORTS FOUNDATION, INC.

Current Principal Place of Business:

16608 MEADOW GROVE ST
TAMPA, FL 33624

New Principal Place of Business:

3808 CYPRESS MEADOWS ROAD
TAMPA, FL 33624

Current Mailing Address:

P.O. BOX 341064
TAMPA, FL 33694

New Mailing Address:

3808 CYPRESS MEADOWS ROAD
TAMPA, FL 33624

FEI Number: 20-1529781 **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:

MOORE, CARNELL
16608 MEADOW GROVE ST
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

MOORE, CARNELL
3808 CYPRESS MEADOWS ROAD
TAMPA, FL 33624 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: CARNELL MOORE 12/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CHMN ( ) Delete
Name: MOORE, CARNELL
Address: 16608 MEADOW GROVE ST
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: MOORE, NANCY A DR.
Address: 16608 MEADOW GROVE ST
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: LEWIS, FREDERICK J SR.
Address: 8117 N 11 ST
City-St-Zip: TAMPA, FL 33604

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:

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: CARNELL MOORE CHMN 12/05/2009
Electronic Signature of Signing Officer or Director Date