2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# N06000008173

Entity Name: GLADES TRI-CITY YOUTH ATHLETIC LEAGUE INC.

Current Principal Place of Business:

POST OFFICE BOX 286
PAHOKEE, FL 33476

New Principal Place of Business:

291 BANYAN AVE
PAHOKEE, FL 33476

Current Mailing Address:

POST OFFICE BOX 286
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 20-4977160 **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:

HOLMES, TYRONE A
375 J MALONE DRIVE
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

HOLMES, TYRONE A
291 BANYAN AVE
PAHOKEE, FL 33476 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: TYRONE A. HOLMES 10/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HOLMES, TYRONE A	
Address:	375 J MALONE DRIVE	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	V	( ) Delete
Name:	SCOTT, JAMES	
Address:	3044 ELDORADO DRIVE	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	S	( ) Delete
Name:	BAILEY, DAVIDA	
Address:	130 SW 6TH AVENUE	
City-St-Zip:	SOUTH BAY, FL 33493	
Title:	T	( ) Delete
Name:	ROBINSON, BETTY	
Address:	817 NE 29TH STREET	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	D	( ) Delete
Name:	PORTER, BRENDA	
Address:	147 BANYAN AVENUE	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	D	( ) Delete
Name:	COLLIER, MICHAEL	
Address:	1140 NE 23RD STREET	
City-St-Zip:	BELLE GLADE, FL 33430	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	HOLMES, TYRONE A	
Address:	291 BANYAN AVE	
City-St-Zip:	PAHOKEE, FL 33476	
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:		
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: TYRONE A. HOLMES P 10/05/2007
Electronic Signature of Signing Officer or Director Date