


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 12 AM 9:00
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000011333 1. Entity Name G.F.W.C. SPRING HILL SERVICE LEAGUE, INC.	
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Principal Place of Business 4470 GASTON ST SPRING HILL, FL 34607	Mailing Address 4470 GASTON ST SPRING HILL, FL 34607
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09172007 REIN-NP CR2E099 (1/07)

4. FEI Number 20-5936276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CANNON, NANCY
4470 GASTON ST
SPRING HILL, FL 34607

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nancy Cannon* DATE: 10/2/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr><td>P</td><td>CANNON, NANCY</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>4470 GASTON ST</td><td></td><td></td></tr> <tr><td>SPRING HILL, FL 34607</td><td></td><td></td></tr> </table>	P	CANNON, NANCY	<input type="checkbox"/> Delete	4470 GASTON ST			SPRING HILL, FL 34607		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr><td></td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="3" style="text-align: center;">000110744160</td></tr> <tr><td colspan="3" style="text-align: center;">10/12/07--01065--012 **\$61.25</td></tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	000110744160			10/12/07--01065--012 **\$61.25		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Cannon* DATE: 10/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR