

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004787

FILED
May 05, 2009
Secretary of State

Entity Name: TEMPLE TERRACE PONY BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

5025 E FOWLER AVE
TAMPA, FL 33617

New Principal Place of Business:

10369 U.S. HIGHWAY 301
TAMPA, FL 33637

Current Mailing Address:

PO BOX 291964
TEMPLE TERRACE, FL 33617

New Mailing Address:

PO BOX 291964
TEMPLE TERRACE, FL 33687

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BARONE, FRANK
5025 E FOWLER AVE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

KEDING, WILLIAM
6605 HEATHERTON COURT
TEMPLE TERRACE, FL 33617 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 KEDING

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVENPORT, RANDY
Address: 11402 VISCAYA RD
City-St-Zip: TAMPA, FL 33637

Title: S () Delete
Name: EHRHARD, SHANON
Address: 17449 MORRIS BRIDGE RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: D (X) Delete
Name: BARONE, FRANK
Address: 1441 FIREWHEEL DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP (X) Delete
Name: KITCHEN, LONNIE
Address: 7209 WAREHAM DR
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: RICE, MIKE
Address: 511 ROLLINGVIEW DR
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AFFRONTI, JOEY
Address: 616 HALLIEWOOD AVE
City-St-Zip: TAMPA, FL 33617

Title: TREA (X) Change () Addition
Name: KEDING, WILLIAM
Address: 6605 HEATHERTON COURT
City-St-Zip: TEMPLE TERRACE, FL 33617

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: WILLIAM KEDING

TREA

05/05/2009

Electronic Signature of Signing Officer or Director

Date