

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002937

FILED
Dec 06, 2009
Secretary of State

Entity Name: FROSTPROOF YOUTH BALL, INC.

Current Principal Place of Business:

237 S LAKESHORE DR
LAKE WALES, FL 33859 US

New Principal Place of Business:

35 LUKE STREET
FROSTPROOF, FL 33843 US

Current Mailing Address:

PO BOX 912
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 26-2258743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SACKETT, CAROL S TREASUR
35 LUKE STREET
FROSTPROOF, FL 33843 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: CAROL SACKETT

12/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: THOMPSON, SCOTT
Address: 237 S LAKESHORE DR
City-St-Zip: LAKE WALES, FL 33859 US

Title: D S () Delete
Name: MANCILLAS, KIM
Address: 187 WOODSTORK WAY
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D T () Delete
Name: RESPRESS, GAIL
Address: 235 EAST F STREET
City-St-Zip: FROSTPROOF, FL 33843 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P (X) Change () Addition
Name: CHAD, BOYD
Address: 1344 S. HIGHLAND PARK DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: D S (X) Change () Addition
Name: EWEST, MARTIE
Address: 249 BABSON DRIVE
City-St-Zip: BABSON PARK, FL 33827 US

Title: D T (X) Change () Addition
Name: SACKETT, CAROL
Address: 35 LUKE STREET
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D AT () Change (X) Addition
Name: YOUNG, TERESA
Address: 2234 N. SCENIC HWY.
City-St-Zip: BABSON PARK, FL 33827 US

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: CAROL S. SACKETT

TREA

12/06/2009

Electronic Signature of Signing Officer or Director

Date