

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000004981

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Entity Name:** HERNANDO COUNTY ADULT SOCCER INC.

**Current Principal Place of Business:**

1360 ANDERSON SNOW RD.  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

1360 ANDERSON SNOW RD.  
SPRING HILL, FL 34609

**New Mailing Address:**

PO BOX 15335  
BROOKSVILLE, FL 34609 US

**FEI Number:** 42-1762601      **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:**

KRAFT, JEFF  
18900 CORTEZ BLVD.  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

KRAFT, ALYSON  
140 LARK AVE  
BROOKSVILLE, FL 34601 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: ALYSON KRAFT

01/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KRAFT, ALYSON  
Address: P. O. BOX 15335  
City-St-Zip: BROOKSVILLE, FL 34604

Title: VD  
Name: BROOKS, TOM  
Address: P. O. BOX 15335  
City-St-Zip: BROOKSVILLE, FL 34604

Title: S  
Name: BEGENY, ERIN  
Address: P. O. BOX 15335  
City-St-Zip: BROOKSVILLE, FL 34604

I hereby 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 all other like empowered.

SIGNATURE: ALYSON KRAFT

PD

01/24/2010

Electronic Signature of Signing Officer or Director

Date