

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000010096

**FILED**  
**Aug 16, 2011**  
**Secretary of State**

**Entity Name:** GULFPORT LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

5490 TANGERINE AVENUE SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15295  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

**FEI Number:** 30-0513263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, BRUCE L  
1600 43 STREET SOUTH  
ST. PETERSBURG, FL 33711 US

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

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:** BRUCE WARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HARKER, JON  
**Address:** 2920 9 ST SO  
**City-St-Zip:** ST. PETERSBURG, FL 33705

**Title:** PA  
**Name:** BRUCE, WARD  
**Address:** 1600 - 43 ST SO  
**City-St-Zip:** ST. PETERSBURG, FL 33711

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:** BRUCE L. WARD

PA

08/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date