

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011201

FILED  
Oct 12, 2009  
Secretary of State

Entity Name: LEMON BAY WRESTLING BOOSTERS, INC.

**Current Principal Place of Business:**

62 MARK TWAIN LANE  
ROTONDA WEST, FL 33947

**New Principal Place of Business:**

**Current Mailing Address:**

62 MARK TWAIN LANE  
ROTONDA WEST, FL 33947

**New Mailing Address:**

FEI Number: 26-3854509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STERN, LEANN K  
720 ORCHARD LANE  
ENGLEWOOD, FL FL 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: LEANN K STERN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOWEN, BETTE  
Address: P.O. BOX 71  
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD ( ) Delete  
Name: ANDERSON, KEN  
Address: 101 MARK TWAIN LANE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: SD ( ) Delete  
Name: BRODY, LINDA  
Address: 62 MARK TWAIN LANE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: TD ( ) Delete  
Name: STERN, LEANN  
Address: 720 ORCHARD LANE  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KENNETH ANDERSON

Electronic Signature of Signing Officer or Director

VPD

10/12/2009

Date