
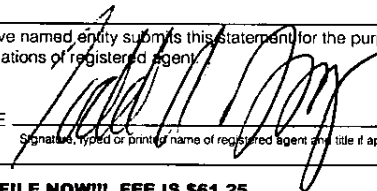
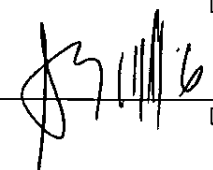
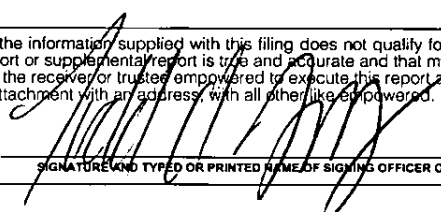


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N20728 1. Entity Name BAY POINT LITTLE LEAGUE, INC.					
Principal Place of Business 5801 12 ST. SOUTH ST. PETE, FL 33712 US			Mailing Address 4905 34 SOUTH BOX #189 SAINT PETERSBURG, FL 33711		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 52-1251256				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOEMAKER, SUSIE 4901 34TH STREET SOUTH #189 ST. PETERSBURG, FL 33711			7. Name and Address of New Registered Agent Name Long, Todd Street Address (P.O. Box Number is Not Acceptable) 2566 60th Ave. South City Saint Petersburg FL Zip Code 33712		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 11/3/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSON, RHONDA <input type="checkbox"/> Delete 4905 34TH STREET SOUTH #189 ST. PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD CARSON, Rhonda 4285 49th Ave. South St. Pete FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHOEMAKER, SUSIE <input checked="" type="checkbox"/> Delete 3888 38TH WAY SOUTH SAINT PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Long, Todd 2566 60th Ave S Saint Petersburg, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRUNELLO, ANTHONY <input checked="" type="checkbox"/> Delete 4905 34TH STREET SOUTH #189 ST. PETERSBURGT, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Brody, Carl 2801 59th Circle South St. Pete FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137698234 11/06/08--01019--002 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 11/3/2008 DAYTIME PHONE # 727-417-2201		

FILED
08 NOV -6 PM 2:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

