

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22160

FILED  
Oct 01, 2009  
Secretary of State

Entity Name: ST. CLOUD YOUTH FOOTBALL, INC.

## Current Principal Place of Business:

2355 HICKORY TREE RD.  
ST CLOUD, FL 34772 US

## New Principal Place of Business:

2355 OLD HICKORY TREE RD.  
ST CLOUD, FL 34772 US

## Current Mailing Address:

P.O. BOX 702028  
ST. CLOUD, FL 34770 US

## New Mailing Address:

FEI Number: 59-2870285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

SUMMERS, CHANCY  
3547 SANCTUARY DR  
SAINT CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

SUMMERS, CHANCY  
3966 CEDAR HAMMOCK TRAIL  
SAINT CLOUD, FL 34772 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: CHANCY SUMMERS

10/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SUMMERS, CHANCY L  
Address: 3547 SANCTUARY DR  
City-St-Zip: SAINT CLOUD, FL 34769

Title: TD ( ) Delete  
Name: ENDICOTT, CHRISTINE  
Address: 971 CHAMBERLIN TRL  
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP ( ) Delete  
Name: HAYES, TAMI  
Address: 6102 WATERFIELD WAY  
City-St-Zip: SAINT CLOUD, FL 34771

Title: SD ( ) Delete  
Name: MILLER, STACIE  
Address: GEORGIA AVE  
City-St-Zip: SAINT CLOUD, FL 34769

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SUMMERS, CHANCY L  
Address: PO BOX 702028  
City-St-Zip: SAINT CLOUD, FL 34770

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

Title: VP (X) Change ( ) Addition  
Name: MATHENY, KIM  
Address: PO BOX 702028  
City-St-Zip: SAINT CLOUD, FL 34770

Title: SD (X) Change ( ) Addition  
Name: COCKCROFT, JENNIFER  
Address: PO BOX 702028  
City-St-Zip: SAINT CLOUD, FL 34770

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: CHANCY SUMMERS

PD

10/01/2009

Electronic Signature of Signing Officer or Director

Date