

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N25727**

1. Entity Name  
**CASSELBERRY LITTLE LEAGUE, INC.**



FILED

05 MAY 16 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**WIRZ PARK  
MARK DAVID BLVD.  
CASSELBERRY, FL 32707**

Mailing Address  
**P. O. BOX 181762  
CASSELBERRY, FL 32718 US**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04282005 REIN-NP CR2E099 (6/04)  
59-2898112

Applied For: ☐ Not Applicable

6. Name and Address of Current Registered Agent

**SEROCKE, DEBRA  
810 DIANE CIRCLE  
CASSELBERRY, FL 32707**

7. Name and Address of New Registered Agent

Name  
**Debbie Gembecki**

Street Address (P.O. Box Number is Not Acceptable)  
**352 Fairgreen Place**

City  
**Casselberry** **FL** Zip Code  
**32707**

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 *Debbie Gembecki* **Debbie Gembecki** **April 29, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$122.50</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | <b>Make check payable to Florida Department of State</b> |
|------------------------------------|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STONE, CLIFF<br>MARION<br>CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Clark, Janet<br>1128 Castlewood Ter. #212<br>Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CONWELL, LORI<br>5236 N WOODCREST DR.<br>WINTER PARK, FL 32718 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Tomljenovich, Ed<br>1610 Sterling Oaks Lane<br>Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDT<br>SEROCKE, DEBRA<br>810 DIANE<br>CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SDT<br>Gembecki, Debbie<br>352 Fairgreen Place<br>Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *Debbie Gembecki* **Debbie Gembecki** **4/29/05** **407-696-2269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #