

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N34383 1. Entity Name GREATER WINTER HAVEN YOUTH BASEBALL, INCORPORATED				 FILED 08 JUN 12 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1699 LK SHIPP DR S WINTER HAVEN, FL 33880			Mailing Address PO BOX 2944 WINTER HAVEN, FL 33883		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2973041	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SWAFFORD, LEE 1831 ORANGEWOOD AVE. WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Bush, Jerry Street Address (P.O. Box Number is Not Acceptable) 207 Dillon Street City Winter Haven FL Zip Code 33880		
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 <u><i>Jerry L Bush, President, Jerry L Bush</i></u> 6/11/08 <small>Signature, typed or printed name of registered agent and word applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			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	P SWAFFORD, LEE MR 1831 ORANGEWOOD AVE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bush, Jerry MR. 207 Dillon Street Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMRICK, JAMES B MR. 1549 N. LAKE HOWARD DR. #1 WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500131246025 06/12/08--01042--009 **306.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAL, BETSY MISS 1940 17TH ST. NW WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tate, Deborah A 825 N. Lake Howard Drive Winter Haven, FL 33881	
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	
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: <u><i>Jerry L Bush</i></u> 6/11/08 (863)258-3193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6/11/08 Daytime Phone #		

JL6/13