## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N40263

Name:

Address:

City-St-Zip:

MILES, JILL

14882 TYBEE ISLAND DR

NAPLES, FL 34119

FILED Nov 18, 2008 Secretary of State

Entity Name: GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.

**Current Principal Place of Business: New Principal Place of Business: GOLDEN GATE COMMUNITY PARK** NAPLES, FL 34116 **Current Mailing Address: New Mailing Address:** 6291 STAR GRASS LN NAPLES, FL 34116 FEI Number: 65-0214114 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, ANTHONY J P 6291 STAR GRASS LN. NAPLES, FL 34116 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: ANTHONY J. SCOTT Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCOTT, ANTHONY J Name: Name: 6291 STAR GRASS LN Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MILES, MARK Name: Address: 14882 TYBEE ISLAND DR Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, KARLA Name: Name: 6291 STAR GRASS LN Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

ISON, SCOTT

3741 31ST AVE SW

NAPLES, FL 34117 US

SIGNATURE: ANTHONY J. SCOTT **PRES** 11/18/2008