

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 AM 8:48

DOCUMENT # N93000000242

1. Entity Name  
GREENACRES LITTLE LEAGUE BASEBALL, INC.



Principal Place of Business  
4TH ST AND PERRY AVE  
GREENACRES, FL 33463 US

Mailing Address  
P.O BOX 5382  
LAKE WORTH, FL 33466 US

**REINSTATEMENT** 04-05

2. Principal Place of Business  
5371-10th Ave Nth.  
Suite, Apt. #, etc.  
#2

3. Mailing Address  
Same  
Suite, Apt. #, etc.

02012005 REIN-NP CR2E099 (6/04)

City & State  
Greenacres, FL  
Zip 33463 Country USA

City & State  
Zip Country

4. FEI Number  
65-0382346  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HUME, THERESA  
5983 NOTTINGHAM RD  
W PALM BEACH, FL 33415

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Theresa J. Hume* *Theresa J. Hume* 1-31-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	T	<input type="checkbox"/> Delete
NAME	HUME, THERESA	
STREET ADDRESS	5983 NOTTINGHAM RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUME, JEFF	
STREET ADDRESS	5983 NOTTINGHAM RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MURRAY, STEVEN	
STREET ADDRESS	352 MARTIN AVE	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILBE, EVELYN	
STREET ADDRESS	612 NEPTUNE ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100046641491
STREET ADDRESS	02/15/05--01035--014 **306.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: *Theresa J. Hume* 1-31-05 5215 683-2222/50  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #