

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001844

FILED
Feb 01, 2005
Secretary of State

Entity Name: SANFORD LITTLE LEAGUE, INC.

Current Principal Place of Business:

1155 BUTLER WAY
SANFORD, FL 32773

New Principal Place of Business:

2665 S ORLANDO DR
STE 101
SANFORD, FL 32773

Current Mailing Address:

1155 BUTLER WAY
SANFORD, FL 32773

New Mailing Address:

PO BOX 951674
LAKE MARY, FL 32795

FEI Number: 59-3438666 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:

GUNTHER, GENE
1155 BUTLER WAY
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

POLOCHE, RUBEN
PO BOX 951674
LAKE MARY, FL 32795 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: RUBEN POLOCHE

02/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUNTHER, GENE
Address: 1155 BUTLER WAY
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: KIMELMAN, ROBERT
Address: 205 NORTH ELM AVENUE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: OSTER, BROOKE
Address: 1004 NIGHTINGALE PT.
City-St-Zip: GENEVA, FL 32732

Title: SD () Delete
Name: HARRIS, KATHY
Address: 5467 LAKE AVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POLOCHE, RUBEN
Address: PO BOX 951674
City-St-Zip: LAKE MARY, FL 32795

Title: VD (X) Change () Addition
Name: BYRD, DENISE
Address: 11205 STONEBROOK DR
City-St-Zip: SANFORD, FL 32773

Title: TD (X) Change () Addition
Name: HAIRE, TINA
Address: 104 LAGUNA CT
City-St-Zip: SANFORD, FL 32795

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUBEN POLOCHE

PD

02/01/2005

Electronic Signature of Signing Officer or Director

Date