

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005652

FILED
Sep 14, 2009
Secretary of State

Entity Name: SOUTHWESTERN PORT ST. LUCIE LITTLE LEAGUE, INC.

Current Principal Place of Business:

800 SW DARWIN BLVD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

265 S.W. PORT ST. LUCIE BLVD.
SUITE #192
PORT ST. LUCIE, FL 34984

New Mailing Address:

3209 SW PORT ST LUCIE BLVD
PMB 129
PORT ST. LUCIE, FL 34987

FEI Number: 59-2156222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCTAVI, DANIEL
2301 SW IVORY ROAD
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

LEWIS, SHAWN
3971 SW LAFFITE STREET
PORT ST. LUCIE, FL 34953 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: SHAWN LEWIS

09/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OCTAVI, DANIEL J
Address: 2301 SW IVORY ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VPD () Delete
Name: RIZZO, AL
Address: 882 SW WORCHESTER LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TD () Delete
Name: TRIMARCO, ROBERT
Address: 123 SW SEBRING CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SD () Delete
Name: LEWIS, SHAWN
Address: 3971 SW LAFFITO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, SHAWN
Address: 3971 SW LAFFITE STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: TD (X) Change () Addition
Name: TRIMARCO, ROBERT
Address: 11414 SW FIELDSTONE WAY
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: SD (X) Change () Addition
Name: NACLERIO, JAN
Address: 433 SW TARRA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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.

SIGNATURE: ROBERT TRIMARCO

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09/14/2009

Electronic Signature of Signing Officer or Director

Date