

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003507

FILED  
Aug 25, 2005  
Secretary of State

**Entity Name:** FORT MCCOY LITTLE LEAGUE, INCORPORATED

**Current Principal Place of Business:**

PO BOX 175  
FORT MCCOY, FL 32134

**New Principal Place of Business:**

PO BOX 1287  
CITRA, FL 32113

**Current Mailing Address:**

PO BOX 175  
FORT MCCOY, FL 32134

**New Mailing Address:**

PO BOX 1287  
CITRA, FL 32113

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

HERN, LORI M  
17860 NE 45TH AVE. RD.  
CITRA, FL 32113 US

**Name and Address of New Registered Agent:**

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: LORI HERN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HERN, LORI  
Address: P.O. BOX 765  
City-St-Zip: CITRA, FL 32113

Title: VPD ( ) Delete  
Name: EASTMAN, SANDY  
Address: PO BOX 175  
City-St-Zip: FT MCCOY, FL 32134

Title: TD ( ) Delete  
Name: ANDREWS, DAWN  
Address: P.O. BOX 175  
City-St-Zip: FORT MC COY, FL 32134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HERN, LORI  
Address: P.O. BOX 1287  
City-St-Zip: CITRA, FL 32113

Title: VPD (X) Change ( ) Addition  
Name: EASTMAN, SANDY  
Address: PO BOX 1287  
City-St-Zip: CITRA, FL 32113

Title: TD (X) Change ( ) Addition  
Name: AXSON, MICHELLE  
Address: P.O. BOX 1287  
City-St-Zip: CITRA, FL 32113

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: LORI HERN

Electronic Signature of Signing Officer or Director

PD

08/25/2005

Date