

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005576

FILED
Oct 04, 2006
Secretary of State

Entity Name: ROCKLEDGE YOUTH FOOTBALL & CHEERLEADING LEAGUE, INC.

Current Principal Place of Business:

1090 COGSWELL ST.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560731
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3561853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADORE, MICHAEL A
1090 COGSWELL ST.
ROCKLEDGE, FL 32955 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: MICHAEL A CADORE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BENNETT, RHONDA
Address: 1090 COGSWELL ST.
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: KENNEY, TANYA
Address: 1090 COGSWELL ST.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: WILLIAMS, DRODNEY
Address: 1090 COGSWELL ST.
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: HICKMAN, HEATHER
Address: 1090 COGSWELL ST.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SHAW, STACY
Address: 1090 COGSWELL ST.
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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 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: HEATHER HICKAM

TD

10/04/2006

Electronic Signature of Signing Officer or Director

Date