

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000070663

Entity Name: SAINT LEO BASEBALL SCHOOL, INC.

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

100 COPPERFIELD CT
STARKVILLE, MS 39759

New Principal Place of Business:

9815 ASBEL ESTATES STREET
LAND O LAKES, FL 34638

Current Mailing Address:

PO BOX 6665
SAINT LEO, FL 33574

New Mailing Address:

9815 ASBEL ESTATES STREET
LAND O LAKES, FL 34638

FEI Number: 26-3069636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSS, CHUCK
225 E LEMON ST
SUITE 205
LAKELAND, FL 33801 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: CHUCK FOSS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNICKLE, RUSS OFFICER
Address: PO BOX 6665
City-St-Zip: SAINT LEO, FL 33574

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCNICKLE, RUSS OFFICER
Address: 9815 ASBEL ESTATES STREET
City-St-Zip: LAND O LAKES, FL 34638

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSS MCNICKLE

PRES

10/08/2009

Electronic Signature of Signing Officer or Director

Date