

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAY -1 PM 2:53

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000697 (4)

1. Corporation Name

TALLAHASSEE/LEON BABE RUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

2748 MCFARLANE COURT
TALLAHASSEE FL 32303

P.O. BOX 14671
TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1992	3a. Date of Last Report 08/26/1994
4. FEI Number 59-3144456	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required
Zip 24	Country 25	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

MEREDITH, C W
2748 MCFARLANE COURT
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name **CHRIS POULOS**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **217 JOHN KNOX ROAD**

84 City **Tallahassee** 85 Zip Code **FL 32303**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Chris Poulos **CHRIS POULOS - TREASURER** **5-11-95**

Signature. Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LEWIS, JOHN
STREET ADDRESS	3115 SHARER RD.
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	V/D
NAME	GIMBEL, A.T.
STREET ADDRESS	5138 ILE DE FRANCE DRIVE
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	S/D
NAME	WHIDDEN, BECKY
STREET ADDRESS	3696 VALLEY CREEK DRIVE
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	T/D
NAME	POULOS, CHRIS
STREET ADDRESS	217 JOHN KNOX RD
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bodiford, James S.
1.3 STREET ADDRESS	2012 Balmoral Ct
1.4 CITY - ST - ZIP	Tallahassee FL 32311
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400001492394
2.3 STREET ADDRESS	-05/17/95--01175--025
2.4 CITY - ST - ZIP	****155.00 ****155.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chris
6.3 STREET ADDRESS	5-1-95
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chris Poulos **5-11-95** **385-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Daytime Phone #