

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
12/09/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3144456

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POULOS, CHRIS
217 JOHN KNOX RD.
TALLAHASSEE FL 32303

81 Name **Debbie Flury**
82 Street Address (P.O. Box Number is Not Acceptable)
3552 Carrington Drive
83
84 City **Tallahassee** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Debbie Flury* **Debbie Flury - Treasurer** **1-29-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDD DELETE
NAME BODFORD, JAMES S
STREET ADDRESS 2012 BALMORAL COURT
CITY - ST - ZIP TALLAHASSEE FL 32311

11 TITLE PDD Change Addition
12 NAME Dupree, James
13 STREET ADDRESS 1935 W. Indianhead Dr
14 CITY - ST - ZIP Tallahassee, FL 32303

TITLE V/D DELETE
NAME GIMBEL, A.T.
STREET ADDRESS 5136 ILE DE FRANCE DRIVE
CITY - ST - ZIP TALLAHASSEE FL 32312

21 TITLE V/D Change Addition
22 NAME Redding, Charley
23 STREET ADDRESS 2008 Dogwood Hill
24 CITY - ST - ZIP Tallahassee, FL 32308

TITLE S/D DELETE
NAME WHIDDEN, BECKY
STREET ADDRESS 3696 VALLEY CREEK DRIVE
CITY - ST - ZIP TALLAHASSEE FL 32308

31 TITLE S/D Change Addition
32 NAME Stringer, Reid
33 STREET ADDRESS 4334 Millwood Lane
34 CITY - ST - ZIP Tallahassee, FL 32312

TITLE T/D DELETE
NAME POULOS, CHRIS
STREET ADDRESS 217 JOHN KNOX RD
CITY - ST - ZIP TALLAHASSEE FL 32303

41 TITLE T/D Change Addition
42 NAME Flury, Debbie
43 STREET ADDRESS 3552 Carrington Dr
44 CITY - ST - ZIP Tallahassee, FL 32303

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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: *Debbie Flury* **Debbie Flury** **1-29-96** **562-1858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)