

FILE NOW: FILING FEE IS \$61.25

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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000697 (4)
1. Corporation Name
TALLAHASSEE/LEON BABE RUTH LEAGUE, INC.



Principal Place of Business 2748 MCFARLANE COURT TALLAHASSEE FL 32303	Mailing Address P.O. BOX 14671 TALLAHASSEE FL 32317
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3. Date Incorporated or Qualified 12/09/1992	
4. FEI Number 59-3144456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year's Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**WOOD, FRANK
3504 ROSEMONT RIDGE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name Jim Marsh	
82 Street Address (P.O. Box Number is Not Acceptable) 7107 Summit Ridge Drive	
83	
84 City Tallahassee	85 Zip Code FL 32312

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 *Jim Marsh* **Jim Marsh, President** **2-11-98**

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

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME WOOD, FRANK	
STREET ADDRESS 3504 ROSEMONT RIDGE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE V/D	<input checked="" type="checkbox"/> DELETE
NAME REDDING, CHARLEY	
STREET ADDRESS 2008 DOGWOOD HILL	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE S/D	<input checked="" type="checkbox"/> DELETE
NAME STRINGER, REID	
STREET ADDRESS 4334 MILLWOOD LANE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE T/D	<input type="checkbox"/> DELETE
NAME FLURY, DEBBIE	
STREET ADDRESS 3552 CARRINGTON DR	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Marsh, Jim	
1.3 STREET ADDRESS 7107 Summit Ridge Drive	
1.4 CITY-ST-ZIP Tallahassee, Florida 32312	
2.1 TITLE Vice-President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Chris Rody	
2.3 STREET ADDRESS 3505 Oak Hill Trail	
2.4 CITY-ST-ZIP Tallahassee, Florida 32312	
3.1 TITLE Secretary (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Naomi Parramore	
3.3 STREET ADDRESS 1706 Sunset Lane	
3.4 CITY-ST-ZIP Tallahassee, Florida 32303	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jim Marsh* **Jim Marsh** **1-19-98 850-584-3211**

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0008773

CFR2007 (10/97)