

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000697**

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/09/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3144456	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Jim Marsh 7107 Summit Ridge Drive Tallahassee, FL 32312				81 Name	Jim Henry		
				82 Street Address (P.O. Box Number is Not Acceptable)	2322 Skyland Drive		
				83			
				84 City	Tallahassee	85 Zip Code	FL 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 Jim Henry DATE 3/2/99
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T/D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Flury, Debbie			1.2 NAME	Todd Hunter		
STREET ADDRESS	3552 Carrington Dr.			1.3 STREET ADDRESS	1701 Copperfield Circle		
CITY-ST-ZIP	Tallahassee, FL 32308			1.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	P/D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	President-Elect V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jim Marsh			2.2 NAME	Jim Henry		
STREET ADDRESS	7107 Summit Ridge Dr.			2.3 STREET ADDRESS	2322 Skyland Drive		
CITY-ST-ZIP	Tallahassee, FL 32312			2.4 CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Chr's Roady			3.2 NAME	Sarah Bajoczky		
STREET ADDRESS	3505 Oak Hill Trail			3.3 STREET ADDRESS	2809 Rabbit Hill Rd.		
CITY-ST-ZIP	Tallahassee, FL 32312			3.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	S/D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Treasurer T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Naomi Parramore			4.2 NAME	Merry Lynne Warfel		
STREET ADDRESS	1706 Sunset Lane			4.3 STREET ADDRESS	3748 Forsythe Way		
CITY-ST-ZIP	Tallahassee, FL 32303			4.4 CITY-ST-ZIP	Tallahassee, FL 32308		
NAME		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS	700002789727-2		
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	-03/03/99-01076-002		
NAME				6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP			
NAME							
STREET ADDRESS							
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, with all other like empowered.

SIGNATURE: Jim Henry Jim Henry DATE 3/2/99 (850)222-7733
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (1/98)