


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N92000000697  
 1. Entity Name  
 TALLAHASSEE/LEON BABE RUTH LEAGUE, INC.



Principal Place of Business  
 5002 BRILL PT.  
 TALLAHASSEE, FL 32312

Mailing Address  
 5002 BRILL PT.  
 TALLAHASSEE, FL 32312

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3144456  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LANGFORD, LAWTON  
 5002 BRILL PT.  
 TALLAHASSEE, FL 32312

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is **\$61.25**  
 Due by May 1, ~~2004~~

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000031663  
 02/04/04-80158-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDING, CHARLEY 2008 DOGWOOD HILL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, GAIL 1951 CELTIC ROAD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANGFORD, LAWTON 5002 BRILL PT. TALLAHASSEE, FL 32312
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Langford Treas. 2/2/04 850-906-0600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #