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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000006987

1. Corporation Name
JEFFERSON COUNTY BABE RUTH LEAGUE, INC.

Principal Place of Business
 635 S. JEFFERSON ST.
 MONTICELLO FL 32344

Mailing Address
 635 S. JEFFERSON ST.
 MONTICELLO FL 32344



21	2. Principal Place of Business Rt 5 Box 5980	2a	Mailing Address Rt 5 Box 5980	3.	Date Incorporated or Qualified 12/16/1997
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number 31-1584850
23	City & State Monticello FL	27	City & State Monticello		Applied For Not Applicable
24	Zip 32344	28	Country U.S.A.	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	Country USA	29	Zip 32344	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30	Country U.S.A.				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BIRD, T. BUCKINGHAM 220 S. CHERRY ST. MONTICELLO FL 32344				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
		FL	85	Zip Code	

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: *T. Buckingham Bird* Date: 2/25/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP REGISTER, STEVEN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP AVRETT, Warren	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	655 N. OLIVE ST.		1.2 NAME	Rt 5 Box 5980	
STREET ADDRESS	MONTICELLO FL 32344		1.3 STREET ADDRESS	Monticello FL 32344	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	DV AVERY, WARREN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV Register, Steven	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 5 BOX 5980		2.2 NAME	655 N. OLIVE ST	
STREET ADDRESS	MONTICELLO FL 32344		2.3 STREET ADDRESS	Monticello, FL 32344	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	DS WAINRIGHT, DOUG	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS/T AVRETT, Robin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHETT RD.		3.2 NAME	Rt 5 Box 5980	
STREET ADDRESS	LAMONT FL 32336		3.3 STREET ADDRESS	Monticello, FL 32344	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	DT MURPHY, PAT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	635 S. JEFFERSON ST.		4.2 NAME		
STREET ADDRESS	MONTICELLO FL 32344		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Date: 2/23/99 Daytime Phone #: 850-386-2114

CR2E037 (11/98)