


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90002 047 ****61.25

DOCUMENT # N97000006987
1. Entity Name
JEFFERSON COUNTY BABE RUTH LEAGUE, INC.



Principal Place of Business: **497 CEDAR LN
MONTICELLO FL 32344
US**
Mailing Address: **PO BOX 888
MONTICELLO FL 32344
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **31-1584850**
Applied For: Not Applicable

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



MOORE CR2E037 (4/04)

6. Name and Address of Current Registered Agent
BIRD, T. BUCKINGHAM
385 NORTH JEFFERSON STREET
MONTICELLO FL 32344

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: AVRETT, ROBIN STREET ADDRESS: 497 CEDAR LN CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE: DV NAME: JOYNER, FELIX STREET ADDRESS: 422 WHITEHOUSE RD. CITY-ST-ZIP: LLOYD FL 32337	<input checked="" type="checkbox"/> Delete
TITLE: DS NAME: LOX, SUSAN STREET ADDRESS: MAGNOLIA RIDGE CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE: DT NAME: REGISTER, STEVE STREET ADDRESS: 655 N OLIVE ST CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE: D NAME: JERGER, DEAN STREET ADDRESS: 364 NURSERY RD. CITY-ST-ZIP: MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: JOYNER, FELIX STREET ADDRESS: 422 WHITEHOUSE RD CITY-ST-ZIP: LLOYD FL 32337	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: COX, SUSAN STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: DVP/T STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Robin C. Avrett*

8-17-04 850-542-1331