

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005173

FILED
Apr 19, 2009
Secretary of State

Entity Name: P.S.L. BABE RUTH BASEBALL LEAGUE, INC.

Current Principal Place of Business:

3618 SW PARSON STREET
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3618 SW PARSON STREET
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0953062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBISH, MICHAEL
3618 SW PARSON ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MICHAEL, DEBISH
Address: 3618 SW PARSONS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DVP () Delete
Name: DEBISH, MICHAEL
Address: 3618 SW PARSONS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DS () Delete
Name: DEBISH, INGRID
Address: 3618 SW PARSON STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT () Delete
Name: DEBISH, MICHAEL
Address: 3626 SW PARSONS ST.
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DEBISH, THOMAS
Address: 726 SW ESPONIAL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DEBISH

DP

04/19/2009

Electronic Signature of Signing Officer or Director

Date