2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

| DOCUMENT # N0600000339 1. Entity Name LAFAYETTE BABE RUTH, INC. | | | | | | | 02 | 3-28-2007 9000 | 9 013 ****61 | 1.25 |
|---|--|--|---------------------------|--|--|--|--|---|--|--|
| Principal Place of Business 3170 NW CR 53 MAYO, FL 32066 | | | 3170 | g Address O NW CR 53 O, FL 32066 | | | | | | |
| 2. Principal F | Place of Busin | ness - No P.O. Box # | 3. Mai | ling Address | | | | | | |
| Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | 04192007 _{C.} | hg-NP CR | 2E037 (12/06) | |
| City & State | | | Cir | City & State | | | 4. FEI Number | 1146931 | ———— | pplied For ot Applicable |
| Zip | Zip Country | | | Zip Countr | | | 5. Certificate of Status Desired See Required Fee Required | | | |
| | 6. Name | and Address of Cur | rrent Registere | d Agent | | | 7. Name and Add | Iress of New Registe | ered Agent | |
| | | | | | ١ | Vame (| Lan Da | ~ | | |
| BARRINGTON, LACRETIA 606 SW FREEDOM RD. MAYO, FL 32066 | | | | | 5 | Street Address (P.O. Box Number is NodAcceptable) | | | | |
| | . 52055 | | | City | | | 188 NE CR 253 | | | |
| | | | | | | - 1 / / / | laun - | | FL Zip Coo | 000 |
| | | y submits this stateme | ent for the purp | ose of changing its | registered o | office or registe | red dgent, or both, in | the State of Florida. | I am familiar with, | and accept |
| the obligat | tions of regist | ered agent. | > | | | | | | | |
| | / | 4m | | |) / | | | .// | 20/07 | |
| SIGNATURE | | or printed name of registered | s agent and little if any | NOTE (NOTE | CS/De ~ | ent signature require | d when remetation? | } | 20/01 | |
| | | | ago a o lo ullo a upp | (1101) | a. Hogistorou Ag | con agriculture require | o w. o realismony, | | TAIL . | |
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| | _ | e is \$61.25 May 1, 2007 | | 9. Election Can Trust Fund C | | | \$5.00 May Be Added to Fees | | heck payable t epartment of S | |
| 10. | _ | lay 1, 2007 | D DIRECTORS | | | | Added to Fees ADDITIONS/CHANG | | epartment of S | tate |
| TITLE | Due by N | OFFICERS AN | D DIRECTORS | | 11, | | Added to Fees ADDITIONS/CHANG | Fiorida D | epartment of S | tate |
| TITLE NAME | P BARRING | OFFICERS AN | D DIRECTORS | Trust Fund C | 11. TITLE NAME | Pce | Added to Fees ADDITIONS/CHANG | Fiorida D | epartment of S | tate |
| TITLE NAME STREET ADDRESS | P BARRING 3170 NW | OFFICERS AN OFFICERS AN STON, ANTHONY CR 53 | D DIRECTORS | Trust Fund C | 11. TITLE NAME STREET A | DDRESS DDRESS | Added to Fees ADDITIONS/CHANG S. Chan 788 NE | Florida D ES TO OFFICERS AN PECAL CL 353 | epartment of S | tate |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARRING 3170 NW MAYO, FL | OFFICERS AN OFFICERS AN STON, ANTHONY CR 53 | D DIRECTORS | Trust Fund C | 11. TITLE NAME STREET AL CITY-ST- | DDRESS ZIP | Added to Fees ADDITIONS/CHANG S. Chan 788 NE Mayo, | Florida D ESTO OFFICERS AN PORTUL CL 353 FL 32066 | epartment of S ID DIRECTORS IN Change | N 10. |
| TITLE NAME STREET ADDRESS | P BARRING 3170 NW MAYO, FL | OFFICERS AN OFFICERS AN STON, ANTHONY CR 53 | D DIRECTORS | Trust Fund C | 11. TITLE NAME STREET A | DDRESS DDRESS | Added to Fees ADDITIONS/CHANG S. Chan 788 NE Mayo, Monico | Florida D ESTO OFFICERS AN PERCY CL 353 FL 32066 L Land | epartment of S D DIRECTORS IN Change | tate |
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/28/2007-90009-013-\$61.25-\$61.25

| 1. Entity Nam | MENT # N06000000 TE BABE RUTH, INC. | ATTACHMENT | | | | | | | | |
|--|--|--|---------------|------------------------|--------------------------------|------------------------------|---------------------------|-----------------------------|--|--|
| Principal Plac 3170 NW CR MAYO, FL 33 | 53 | Meiling Address 3170 NW CR 53 MAYO, FL 32066 | | | 46012966 | | | | | |
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 03202007 Chg-N | P CR2E03 | 37 (12/06) | | | |
| City & Stat | · - - | City & State | | | 4. FEI Number 200 0 41 | 46931 | _ ⊢ | oplied For of Applicable | | |
| Zip | Country | Zip | Cou | intry | 5. Certificate of Status | | \$8.75 Add Fee Require | | | |
| ļ | 6. Name and Address of Current | Registered Agent | | | 7. Name and Address | of New Registered / | Agent | | | |
| | TON, LACRETIA REEDOM RD. | | | Street Address | ss (P.O. Box Number is Not A | cceptable) | | | | |
| MAYO, FL | 32066 | | | 788 NE CR 353 | | | | | | |
| | | | | City M | a40. | FL | 23 God | طط | | |
| S. The above named entity subgits in a statement to 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. | | | | | | | | | | |
| | / K | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of regastered egent | and the if applicable. (NOTE: | : Repetere | d Agent eighslure requ | ured when renetzing) | DATE | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Cam Trust Fund C | | | \$5.00 May Be Added to Fees | Make check Florida Depart | | | | |
| 10. | OFFICERS AND DIE | ECTORS | 11. | | ADDITIONS/CHANGES TO | | | | | |
| TITLE | P BARRINGTON, ANTHONY | S Distorte | TITLE | 7 | nan Dorry | OFFICERS AND DI | Change | Addition | | |
| STREET ADDRESS | 3170 NW CR 53 MAYO, FL 32066 | · | STRE | ET ADDRESS 7 | 88 NE CR353 A40, FL 3206 | | | | | |
| IMLE | VP | D)C)einte | ITTLE | VP | , , | | ☐ Change | ⊠ Addition | | |
| NAME Street adoress | HENDERSON, TRACEY 1190 SE WALTER HENDERSON | 1 | NAM | ETADORESS 10 | onica land SE Lakevicu | Drive | | | | |
| CITY-\$1-ZIP | MAYO, FL 32066 | | | | ranford FL 82 | | | | | |
| TITLE NAME STREET ADDRESS | S T BARRINGTON, LACRETIA 606 SW FREEDOM RD. | Delate | TITLE | | oily Braswell 39 SW Charok | | ☐ Change | Addition | | |
| CITY-ST-DP | MAYO: FL 32066 | | | SI-SI-SIP INV. | | | | | | |
| TITLE NAME | | ☐ Deleie | TITLE | 170 | and 186 3 2016 | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | | | STRE | ET ADDRESS ST-ZP | | | | | | |
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| NAME STREET ADDRESS | | | STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | +- | SI-ZIP | | | = | | | |
| TITLE NAME | | ☐ Celete | TITLE NAME | | | | ☐ Change | Addition | | |
| STREET AOORESS CITY-\$1-ZIP | | | | E1 ADORESS S1-ZIP | | • | | İ | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: | | | | | | | | | | |