


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90022 002 ****61.25

DOCUMENT # N06000000339	
1. Entity Name LAFAYETTE BABE RUTH, INC.	

Principal Place of Business 3170 NW CR 53 MAYO, FL 32066	Mailing Address 3170 NW CR 53 MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE

40043070



01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4146931	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRY, CHAN 788 NE CR 343 MAYO, FL 32066

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, CHAN 788 NE CR 353 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAND, MONICA 101 SE LAKEVIEW DRIVE BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRASWELL, HOLLY 739 SW CHEROKEE RD MAYO, FL 32066 <i>Braswell Holly 226A NE CR 400 Mayo, FL 32066</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Holly Braswell - Treasurer</i>	<i>2/6/08</i>	<i>386-294-210</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>