

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008452

**Entity Name:** FLAGLER BABE RUTH BASEBALL, INC.**Current Principal Place of Business:**180 SOUTH DAYTONA AVE  
FLAGLER BEACG, FL 33136**Current Mailing Address:**P.O. BOX 1983  
BUNNELL, FL 32110**FEI Number: 81-0770236****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CASPER, CHRISTOPHER  
215 CAULEY LANE  
BUNNELL, FL 32110 US*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:** CHRISTOPHER CASPER

01/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASPER, CHRISTOPHER  
Address        180 SOUTH DAYTONA AVE  
City-State-Zip: FLAGLER BEACG FL 33136

Title            C  
Name            CASPER, CAROLYN  
Address        180 S. DAYTONA AVE.  
City-State-Zip: FLAGLER BEACH FL 32136

Title            DIR  
Name            MORAITIS, WILLIAM  
Address        34 POWDER HORN DRIVE  
City-State-Zip: PALM COAST FL 32164

Title            SECRETARY  
Name            BULLOCK, PATRICIA  
Address        5356 MANGO AVE  
City-State-Zip: BUNNELL FL 32110

Title            TREASURER  
Name            MILLER, KRISTEN  
Address        6170 MANGO AVE  
City-State-Zip: BUNNELL FL 32110

Title            VP  
Name            HOFFMAN, MARKEL  
Address        24 BLAKESHIRE PLACE  
City-State-Zip: PALM COAST FL 32137

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTOPHER CASPER

PRESIDENT

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date