


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 723438 1. Entity Name CAPE CORAL BABE RUTH LEAGUE, INC.	
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Principal Place of Business PELICAN BLVD CAPE CORAL BLVD, FL	Mailing Address POST OFFICE BOX 100711 CAPE CORAL, FL 33910
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6611978	Applied For 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 BRADY, LADONNA 1822 SW 28TH TERRACE CAPE CORAL, FL 33914

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IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	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	PD LADONNA, BRADY 1822 SW 28 TERRACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHANACCI, TONY 3519 SE 5TH AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLICHENMEYER, KEN 3528 SW 11TH COURT CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, ROBERT E 1761 FOUR MILE COVE PARKWAY #536 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINTO, MARIA 3719 PELICAN BLVD. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

UN00000356535
05/04/05-80037-022 70.00

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:  Robert Ryan Tree	Date: 4/12/05	Daytime Phone #: 239-225-8153
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