SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:43

DOCUMENT # **756496** **(6)**

1. Corporation Name

CHARLOTTE COUNTY BABE RUTH LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1069 MURDOCK FL 33948 US	P.O. BOX 1069 MURDOCK FL 33948 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1981
3a. Date of Last Report: 02/01/1994
4. FEI Number: 65-0097196 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAZZONI, KATHLEEN M
19495 MIDWAY BLVD.
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	CLOUSE, WILLIAM	1.2 NAME		
STREET ADDRESS	113 LENIOR ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP		
TITLE	BD	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	CLARK, RICK	2.2 NAME	Bill Whittington	
STREET ADDRESS	23181 JULEN AVE	2.3 STREET ADDRESS	2500 Tamarind St.	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CLARK, SHARON M	3.2 NAME	Karen Afal	
STREET ADDRESS	23181 JULEN AVE	3.3 STREET ADDRESS	20336 Tappancee	
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	Pt. Charlotte, FL 33952	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WOLLISON, DEBBIE	4.2 NAME		
STREET ADDRESS	3341 LAKEVIEW BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	MAZZONI, KATHLEEN	5.2 NAME		
STREET ADDRESS	19495 MIDWAY BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Wollison Debra Wollison 7/31/95 813 955-5873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015407