

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

**DOCUMENT # 756496 (6)**  
1. Corporation Name  
**CHARLOTTE COUNTY BABE RUTH LEAGUE, INC.**



Principal Place of Business

P.O. BOX 1088  
MURDOCK FL 33948  
US

Mailing Address

P.O. BOX 1088  
MURDOCK FL 33948  
US

3. Date Incorporated or Qualified  
**02/24/1981**

3a. Date of Last Report  
**08/04/1995**

2. Principal Place of Business  
21 **P.O. Box 381088**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P.O. Box 381088**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0097196**

Applied For  
Not Applicable

22 City & State  
23 **Murdox, Fla.**  
24 Zip **33948** 25 Country

27 City & State  
28 **Murdox, Fla.**  
29 Zip **33948** 30 Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 **William Clouse**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**113 LENOIR ST**  
83  
84 City **Pt. Charlotte** FL 85 Zip Code **33948**

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 **William Clouse** **William Clouse (President)** **4-7-96**  
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLOUSE, WILLIAM	
STREET ADDRESS	113 LENOIR ST	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHITTINGTON, BILL	
STREET ADDRESS	2500 TAMARIND ST	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NEAL, KAREN	
STREET ADDRESS	20336 TAPPANZEE	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WOLLISON, DEBBIE	
STREET ADDRESS	3341 LAKEVIEW BLVD.	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAZZONI, KATHLEEN	
STREET ADDRESS	19495 MIDWAY BLVD	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<del>VP</del> <b>V.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DONNA WHITTINGTON</b>
1.3 STREET ADDRESS	<b>2500 TAMARIND ST</b>
1.4 CITY - ST - ZIP	<b>Pt. Charlotte, Fla 33948</b>
2.1 TITLE	<b>V.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jim Malachuk</b>
2.3 STREET ADDRESS	<b>3628 Westeria Place</b>
2.4 CITY - ST - ZIP	<b>Punta Gorda, Fla. 33950</b>
3.1 TITLE	<b>V.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>William Clouse</b>
3.3 STREET ADDRESS	<b>113 LENOIR ST</b>
3.4 CITY - ST - ZIP	<b>Pt. Charlotte, Fla. 33948</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>200001842692</b>
5.4 CITY - ST - ZIP	<b>-05/29/96--01062--034</b>
6.1 TITLE	<b>***70.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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: **William Clouse** **William Clouse** **4-7-96 / 1-941-444 9323 EX132**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)