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FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756496 (6)

1. Corporation Name

CHARLOTTE COUNTY BABE RUTH LEAGUE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 381008  
MURDOCK FL 33946  
USP.O. BOX 381008  
MURDOCK FL 33908-1008  
US3. Date Incorporated or Qualified  
02/24/19813a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 381088

26 P.O. Box 381088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24 33908

25

29

30

4. FEI Number

65-0097196

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOUSE, WILLIAM  
113 LENOIR ST.  
PORT CHARLOTTE FL 33948

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CLOUSE, WILLIAM  
STREET ADDRESS 113 LENOIR ST  
CITY-ST-ZIP PT CHARLOTTE FL 339481.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE V/D ☐ DELETE  
NAME WHITTINGTON, DONNA  
STREET ADDRESS 2500 TAMARIND ST  
CITY-ST-ZIP PT CHARLOTTE FL 339482.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE V/D ☒ DELETE  
NAME MALACHA, JIM  
STREET ADDRESS 3828 WESTERIA PLACE  
CITY-ST-ZIP PUNTA GORDA FL 339503.1 TITLE ☒ Change ☐ Addition  
3.2 NAME V/D  
3.3 STREET ADDRESS ANGELINI, JOSEPH  
3.4 CITY-ST-ZIP 785 MERRICK LANE  
PORT CHARLOTTE, FL 33948TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME T JUDY FERRARO  
4.3 STREET ADDRESS 681 VERONA  
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33948TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME S DELYNN PAILLE  
5.3 STREET ADDRESS 296 FLETCHER STREET  
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952-3128TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

William Clouse (William) Clouse

3-1-97

941 494 3723 94132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057328

CFR2037 (9/96)