

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006092

1. Entity Name
GAINESVILLE BABE RUTH BASEBALL BOOSTERS, INC.



Principal Place of Business
**2701 NW 36TH DR
GAINESVILLE, FL 32605**

Mailing Address
**2701 NW 36TH DR
GAINESVILLE, FL 32605**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0524779

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DEIST, ROBERT E
2701 NW 36TH DR
GAINESVILLE, FL 32605**

**DO NOT WRITE
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 *Robert Deist* **4/29/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
AHRENS, GREG
3220 NW 19TH STREET
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
DIEHL, DUANE
5004 NW 36TH DRIVE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
DEIST, ROBERT
2701 NW 36TH DRIVE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

000000350395
05/02/05-80103-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Deist* **4/29/05** **(352) 377-2877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #