

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012846

FILED
Apr 03, 2007
Secretary of State

Entity Name: SANTA FE BABE RUTH CAL RIPKEN INC.

Current Principal Place of Business:

14300 NW 146TH TERRACE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

PO BOX 1720
ALACHUA, FL 326161720

New Mailing Address:

FEI Number: 20-3955899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIFFIS, MICHAEL
20491 NW 257TH TERRACE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRIFFIS, MICHAEL
Address: 20491 NW 257TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DV () Delete
Name: GENTRY, MICHAEL
Address: 19836 NW 215TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DS () Delete
Name: HELMS, MONICA
Address: 18091 NW 251ST TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DT () Delete
Name: BYRD, JUNE
Address: 13219 NW 140TH STREET
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: GRIFFIS, MICHAEL
Address: 20491 NW 257TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: GEELHOED, KATHY
Address: 17428 NW 251 LN
City-St-Zip: ALACHUA, FL 32615

Title: DP (X) Change () Addition
Name: SCHENTRUP, MICHAEL
Address: 13651 NW 131 PL
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GRIFFIS

DT

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date