2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012846

Entity Name: SANTA FE BABE RUTH CAL RIPKEN INC.

FILED Apr 17, 2008 Secretary of State

New Principal Place of Business:

14300 NW 146TH TERRACE ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

PO BOX 1720 ALACHUA, FL 326161720

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Cleater in Circumstance of Devictors of American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DT () Delete
 Title:
 DT (X) Change () Addition

 Name:
 GRIFFIS, MICHAEL
 Name:
 WAGNER, KRISTI

 Address:
 20491 NW 257TH TERRACE
 Address:
 17104 NW 238TH TERRACE

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:
 HIGH SPRINGS, FL 32643

Title: DV () Delete Title: DV (X) Change () Addition Name: GENTRY, MICHAEL Name: HANSEN, DAVE

 Name
 <th

Title: DS () Delete Title: DS (X) Change () Addition Name: GEELHOED, KATHY Name: JERKINS, RACHEL

 Address:
 17428 NW 251 LN
 Address:
 20364 NW CR 236

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 HIGH SPRINGS, FL 32643

Title: DP () Delete Title: () Change () Addition

 Name:
 SCHENTRUP, MICHAEL
 Name:

 Address:
 13651 NW 131 PL
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: K. WAGNER DT 04/17/2008