

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012846

FILED
Apr 19, 2009
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: DT () Delete
Name: WAGNER, KRISTI
Address: 17104 NW 238TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DV () Delete
Name: HANSEN, DAVE
Address: 6914 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: DS () Delete
Name: JERKINS, RACHEL
Address: 20364 NW CR 236
City-St-Zip: HIGH SPRINGS, FL 32643

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: DAWSON, EMILY
Address: 20906 NW 200TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

Title: DP (X) Change () Addition
Name: LACOSTE, KEVIN
Address: 6921 NW 136 STREET
City-St-Zip: GAINESVILLE, FL 32653

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: EMILY DAWSON

DT

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date