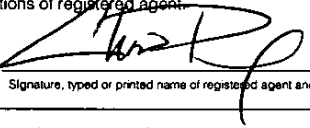
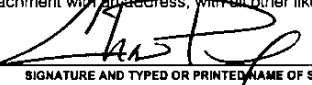


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

03-28-2007 90009 013 ****61.25

DOCUMENT # N06000000339 1. Entity Name LAFAYETTE BABE RUTH, INC.					
Principal Place of Business 3170 NW CR 53 MAYO, FL 32066			Mailing Address 3170 NW CR 53 MAYO, FL 32066		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BARRINGTON, LACRETIA 606 SW FREEDOM RD. MAYO, FL 32066				7. Name and Address of New Registered Agent Name Chan Perry Street Address (P.O. Box Number is Not Acceptable) 788 NE CR 353 City Mayo FL Zip Code 32066	
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  Signature, typed or printed name of registered agent and title if applicable.		PRESIDENT (NOTE: Registered Agent signature required when reinstating)		4/20/07 DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRINGTON, ANTHONY 3170 NW CR 53 MAYO, FL 32066	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Chan Perry 788 NE CR 353 Mayo, FL 32066
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, TRACEY 1190 SE WALTER HENDERSON RD. MAYO, FL 32066	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Monica Land 101 SE Lakeview Drive Brandon, FL 32008
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRINGTON, LACRETIA 606 SW FREEDOM RD. MAYO, FL 32066	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Holly Braswell 739 SW Cherokee Rd Mayo, FL 32066
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT		4/20/07 Date	
Daytime Phone #					

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/28/2007-90009-013-\$61.25-\$61.25

DOCUMENT # N06000000339					
1. Entity Name LAFAYETTE BABE RUTH, INC.					
Principal Place of Business 3170 NW CR 53 MAYO, FL 32066			Mailing Address 3170 NW CR 53 MAYO, FL 32066		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03202007 Chg-NP CR2E037 (12/06)	
4. FEI Number 00-4146931				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRINGTON, LACRETIA 606 SW FREEDOM RD. MAYO, FL 32066			7. Name and Address of New Registered Agent Name <u>Chan Perry</u> Street Address (P.O. Box Number is Not Acceptable) <u>788 NE CR 353</u> City <u>Mayo</u> <u>FL</u> Zip Code <u>32066</u>		
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: (NOTE: Registered Agent signature required when renewing) DATE:					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRINGTON, ANTHONY 3170 NW CR 53 MAYO, FL 32066 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chan Perry 788 NE CR 353 Mayo, FL 32066 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, TRACEY 1190 SE WALTER HENDERSON RD. MAYO, FL 32066 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Monica Land 101 SE Lakeview Drive Bradford, FL 32008 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRINGTON, LACRETIA 606 SW FREEDOM RD. MAYO, FL 32066 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tolly Braswell 739 SW Cherokee Rd Mayo, FL 32066 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

46012966