

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N13844

1. Entity Name
INTERLACHEN BABE RUTH LEAGUE, INC.



Principal Place of Business
**P. O. BOX 822
INTERLACHEN, FL 32148**

Mailing Address
**P. O. BOX 822
INTERLACHEN, FL 32148**



01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2934010	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPEARING, STEPHEN
126 MIRROR LANE
INTERLACHEN, FL 32148**

**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

Stephen Spearing
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPEURING, STEPHEN
STREET ADDRESS	126 MIRROR LANE
CITY-ST-ZIP	INTERLACHEN, FL 32148

TITLE	VPD
NAME	CHESSER, WILBUR
STREET ADDRESS	205 MURPHY ST
CITY-ST-ZIP	INTERLACHEN, FL 32148

TITLE	S
NAME	TYRE, FAY
STREET ADDRESS	140 SPRING LAKE DRIVE
CITY-ST-ZIP	INTERLACHEN, FL 32148

TITLE	T
NAME	STANFIELD, GAIL
STREET ADDRESS	116 MIRROR LAKE DR
CITY-ST-ZIP	INTERLACHEN, FL 32148

TITLE	T
NAME	CHESSER, MARSHA
STREET ADDRESS	205 MURPHY ST
CITY-ST-ZIP	INTERLACHEN, FL 32148

TITLE	D
NAME	FRINE, SPEARING
STREET ADDRESS	126 MIRROR LAKE
CITY-ST-ZIP	INTERLACHEN, FL 32148

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01/26/04-80071-015 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:

Stephen Spearing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04
Date

386-684-2622
Dayside Phone #