2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State
09-06-2006 90041 031 ****61.25

DOCUMENT # N13844

1. Entity Name
INTERLACHEN BABE RUTH LEAGUE, INC.

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

08302006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name JAMES E MATCHETT
Street Address (P.O. Box Number is Not Acceptable) 424 BURROUGHS ROAD
City INTERLACHEN
FL Zip Code 32148

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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 PROX, TODD 165 WHISPERING PINES TRAIL INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATCHETT, JAMES E 424 BURROUGHS RD. INTERLACHEN, FL 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LANEY, REX 143 GREEN LANE HOLLISTER, FL 32147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARLETTE, DOUGIAS 201 DUNCAN AVE INTERLACHEN FL 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYRE, FAY 140 SPRING LAKE DRIVE INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAMELA MATHES 127 ALPHEA LN INTERLACHEN FL 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEMIONE, LYNN 114 REDBUD DRIVE INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOVER, KAREN 225 DUNCAN AVE INTERLACHEN, FL 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLLINS, HARLEY 211 LONGHORN TRAIL INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMPHILL DANNY 1133 S.R. 20 INTERLACHEN, FL 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYNARD, SPRING 122 OAK WAY INTERLACHEN, FL 32148	☐ 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: J.E. Matchett 8-30-06 (386) 684-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #