

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 06, 2007  
Secretary of State**

DOCUMENT# N13844

Entity Name: INTERLACHEN BABE RUTH LEAGUE, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

P. O. BOX 822  
INTERLACHEN, FL 32148

**Current Mailing Address:**

**New Mailing Address:**

P. O. BOX 822  
INTERLACHEN, FL 32148

FEI Number: 59-2934010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MATCHETT, JAMES E  
424 BURROUGHS RD  
INTERLACHEN, FL 32148      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: JAMES E MATCHETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATCHETT, JAMES E  
Address: 424 BURROUGHS RD  
City-St-Zip: INTERLACHEN, FL 32148

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

Title: VP ( ) Delete  
Name: PARLETTE, DOUGLAS  
Address: 201 DUNCAN AVE  
City-St-Zip: INTERLACHEN, FL 32148

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

Title: T ( ) Delete  
Name: HATHES, PAMELA  
Address: 127 ALPHEA LN  
City-St-Zip: INTERLACHEN, FL 32148

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

Title: D ( ) Delete  
Name: HOOVER, KAREN  
Address: 225 DUNCAN AVE  
City-St-Zip: INTERLACHEN, FL 32148

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

Title: D ( ) Delete  
Name: HEMPHILL, DANNY  
Address: 1133 SR 20  
City-St-Zip: INTERLACHEN, FL 32148

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

Title: D ( ) Delete  
Name: MAYNARD, SPRING  
Address: 122 OAK WAY  
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PAMELA MATHES

TREA

11/06/2007

Electronic Signature of Signing Officer or Director

Date