


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90032 014 \*\*\*\*61.25

**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

40114337



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08272008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2934010**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Jennifer Peeples**  
 Street Address (P.O. Box Number is Not Acceptable) **616 Neisman Ave**  
 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 *Jennifer Peeples* **8/28/08**  
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 12, 2008

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	MATCHETT, JAMES E	424 BURROUGHS RD	INTERLACHEN, FL 32148	<input checked="" type="checkbox"/>
VP	PARLETTE, DOUGLAS	201 DUNCAN AVE	INTERLACHEN, FL 32148	<input checked="" type="checkbox"/>
T	HATHES, PAMELA	127 ALPHEA LN	INTERLACHEN, FL 32148	<input checked="" type="checkbox"/>
D	HOOVER, KAREN	225 DUNCAN AVE	INTERLACHEN, FL 32148	<input checked="" type="checkbox"/>
D	HEMPHILL, DANNY	1133 SR 20	INTERLACHEN, FL 32148	<input type="checkbox"/>
D	MAYNARD, SPRING	122 OAK WAY	INTERLACHEN, FL 32148	<input checked="" type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Todd Proff	<del>PO Box 165</del> Whispering Pine Trail	Interlachen FL 32148	<input checked="" type="checkbox"/>
Vice President. Baseball	Dustin Ture	140 Spring Lake Dr	Interlachen FL 32148	<input checked="" type="checkbox"/>
Vice Soft Ball President	Glenn Terrey	601 Cordell Ave	Interlachen FL 32148	<input checked="" type="checkbox"/>
Treasurer	Jennifer Peeples	616 Neisman Ave	Interlachen FL 32148	<input checked="" type="checkbox"/>
Secretary	Faye Ture	140 Spring Lk Dr	Interlachen FL 32148	<input checked="" type="checkbox"/>

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: *Jennifer Peeples* **8/28/08** **386-659-1997**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #