

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14489** (1)

1. Corporation Name
SANTA FE BABE RUTH LEAGUE, INC.



Principal Place of Business: P.O. BOX 1393 ALACHUA FL 32615-1393
Mailing Address: P.O. BOX 1393 ALACHUA FL 32615-1393

3. Date Incorporated or Qualified: **04/21/1986**
3a. Date of Last Report: **03/29/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HINDERY, JANE RT. 1 BOX 23 A. ALACHUA FL 32615				81	Name <i>Deanne Brooks</i>		
				82	Street Address (P.O. Box Number is Not Acceptable) <i>10405 NW 146th Place</i>		
				83			
				84	City <i>Alachua</i>	85	Zip Code <i>32616</i>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Deanne M. Brooks* DATE: *2-29-96*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NOBLES, FRED	1.1 TITLE	
NAME	22 ALACHUA HIGHLANDS	1.2 NAME	
STREET ADDRESS	ALACHUA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	EVPD LOCKERMAN, GARY	2.1 TITLE	EVPD
NAME	RT 4 BOX 588	2.2 NAME	Douglas Brown
STREET ADDRESS	ALACHUA FL	2.3 STREET ADDRESS	1425 SE Cedar ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	High Springs FL 32655
TITLE	SD DEAN, ROSE	3.1 TITLE	SD
NAME	36 ALACHUA HIGHLANDS	3.2 NAME	<i>Deanne Brooks</i>
STREET ADDRESS	ALACHUA FL	3.3 STREET ADDRESS	10405 NW 146th Place
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Alachua FL 32616
TITLE	TD HANNA, LINDA Q.	4.1 TITLE	
NAME	113 WOODLAND DR	4.2 NAME	
STREET ADDRESS	ALACHUA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Nobles* PRESIDENT DATE: *29 FEB 96* Daytime Phone #: *378-1571*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)