

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

Mailing Address

P.O. BOX 1393
ALACHUA FL 32615-1393

P.O. BOX 1393
ALACHUA FL 32615-1393

3. Date Incorporated or Qualified
04/21/1986

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Deanne Brooks

82

Street Address (P.O. Box Number is Not Acceptable)

10405 NW 146th Place

83

84

City

Alachua

FL

85

Zip Code

32616

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOBLES, FRED	
STREET ADDRESS	22 ALACHUA HIGHLANDS	
CITY-ST-ZIP	ALACHUA FL	
TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKERMAN, GARY	
STREET ADDRESS	RT 4 BOX 588	
CITY-ST-ZIP	ALACHUA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEAN, ROSE	
STREET ADDRESS	36 ALACHUA HIGHLANDS	
CITY-ST-ZIP	ALACHUA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANNA, LINDA Q.	
STREET ADDRESS	113 WOODLAND DR	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVPD
2.3 STREET ADDRESS	Douglas Brown
2.4 CITY-ST-ZIP	1425 SE Cedar ST.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	High Springs FL 32655
3.3 STREET ADDRESS	SD
3.4 CITY-ST-ZIP	Deanne Brooks
	10405 NW 146th Place
	Alachua FL 32616
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 receiver 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**

29 FEB 96

378-1571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)