

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 32616-1393

3. Date Incorporated or Qualified **04/21/1986** 3a. Date of Last Report **03/13/1996**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BROOKS, DEANNE
10405 NW 146TH PLACE
ALACHUA FL 32616

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Brooks (NOTE: Registered Agent signature required when reinstating) DATE **4-3-97**

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	BROWN, DOUGLAS	
STREET ADDRESS	1425 SE CEDAR STREET	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROOKS, DEANNE	
STREET ADDRESS	10405 NW 146TH PLACE	
CITY-ST-ZIP	ALACHUA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANNA, LINDA G.	
STREET ADDRESS	113 WOODLAND DR	
CITY-ST-ZIP	ALACHUA FL	
TITLE	Concessionaire	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13325 NW 112 AVE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVPD Tillman, Lester
2.3 STREET ADDRESS	1525 SE Maple St.
2.4 CITY-ST-ZIP	High Springs FL 32643
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	Concessionaire Margaret M. Baumann
5.3 STREET ADDRESS	6212 NW 136th Street
5.4 CITY-ST-ZIP	Gainesville, FL 32653
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 DATE: **4/3/97** DAYTIME PHONE: **904/462-1610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)