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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/21/1986	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	NOBLES, FRED	1.2 NAME	Margaret M. Baumann
STREET ADDRESS	133225 N.W. 112 AVE.	1.3 STREET ADDRESS	6212 NW 136th Street
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	EVPD	2.1 TITLE	EVPD
NAME	TILLMAN, LESTER	2.2 NAME	Jim Griffiths
STREET ADDRESS	1525 S.E. MAPLE ST.	2.3 STREET ADDRESS	RT 3 Box 106 B
CITY-ST-ZIP	HIGH SPRINGS FL	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	SD	3.1 TITLE	SD
NAME	BROOKS, DEANNE	3.2 NAME	Michael Harbert
STREET ADDRESS	10405 NW 146TH PLACE	3.3 STREET ADDRESS	24710 NW 86th Place
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	High Springs, FL 32643
TITLE	TD	4.1 TITLE	TD
NAME	HANNA, LINDA Q.	4.2 NAME	Becky Roepe
STREET ADDRESS	113 WOODLAND DR	4.3 STREET ADDRESS	283 Turkey Creek
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	Alachua, FL 32615
TITLE	C	5.1 TITLE	
NAME	BAUMANN, MARGARET M	5.2 NAME	
STREET ADDRESS	6212 N.W. 136TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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 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: _____

CR2E037 (10/97)