

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90073 039 \*\*\*\*61.25

**DOCUMENT # N14489**

1. Corporation Name

**SANTA FE BABE RUTH LEAGUE, INC.**

524971 - 90073 - 39

Principal Place of Business

P.O. BOX 1393  
ALACHUA FL 32615-1393

Mailing Address

P.O. BOX 1393  
ALACHUA FL 32615-1393



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**04/21/1986**

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

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 **HAROLD LESLIE**

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 **HAROLD LESLIE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-1-99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **BAUMANN, MARGARET M**  
STREET ADDRESS **6212 NW 136TH ST**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **EVPD** ☒ DELETE  
NAME **GRIFFIS, JIM**  
STREET ADDRESS **RT 3, BOX 100B**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **SD** ☐ DELETE  
NAME **HARBERT, MICHAEL**  
STREET ADDRESS **24710 NW 86TH PLACE**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **TD** ☐ DELETE  
NAME **ROEPE, BECKY**  
STREET ADDRESS **283 TURKEY CREEK**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **HAROLD LESLIE**  
1.3 STREET ADDRESS **25105 N. HWY 20. 1491**  
1.4 CITY-ST-ZIP **ALACHUA, FL 32615**

2.1 TITLE **VP** ☒ Change ☐ Addition  
2.2 NAME **WAYNE GARAG**  
2.3 STREET ADDRESS **115 N.W. 8th Ave.**  
2.4 CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE** **ROEPE** **5-1-99** **462-1868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0011835