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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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.

28 City & State

29 Zip

30 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

\$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

Harold Leslie

1-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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. CANYON RD. 1491
1.4 CITY-ST-ZIP ALACHUA, FL 32615

2.1 TITLE U.P. 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:

Becky Roeppe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-99 462-1868

CR2E037 (1/198)