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Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15987 (3)

1. Corporation Name

ALACHUA BABE RUTH SOFTBALL, INC.



Principal Place of Business

Mailing Address

603 SE 3RD AVE
P.O. BOX 973
ALACHUA FL 32615-7973603 SE 3RD AVE
P.O. BOX 973
ALACHUA FL 32616-09733. Date Incorporated or Qualified
07/22/19863a. Date of Last Report
06/21/1996

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

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, ANGELA M
17014 N. 235 A
ALACHUA FL 3261581 Name
RIDGE, THOMAS S
82 Street Address (P.O. Box Number is Not Acceptable)
27218 NW CR. 235
83
84 City
ALACHUA FL 85 Zip Code
32615

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 Thomas S. Ridge Pres. Thomas S. Ridge 2-19-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME KING, ANGELA M
STREET ADDRESS PO BOX 1764 N/A
CITY-ST-ZIP HIGH SPRINGS FL 326551.1 TITLE P ☒ Change ☐ Addition
1.2 NAME RIDGE, THOMAS S
1.3 STREET ADDRESS 27218 NW CR 235
1.4 CITY-ST-ZIP ALACHUA FL 32615TITLE VD ☒ DELETE
NAME THOMAS, RIDGE
STREET ADDRESS 27218 NW CR 239
CITY-ST-ZIP ALACHUA FL 326152.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME THOMAS, LEN
2.3 STREET ADDRESS 17014 NW 235A.
2.4 CITY-ST-ZIP ALACHUA FL 32615TITLE SD ☐ DELETE
NAME BARBER, JULIE
STREET ADDRESS RT 2 BOX 216
CITY-ST-ZIP ALACHUA FL 326153.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME RIDGE, KAREN L
STREET ADDRESS 27218 NW CR 239
CITY-ST-ZIP ALACHUA FL 326154.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME KAREN, CANTO, MOBILE
4.3 STREET ADDRESS RT 1 BOX 17A
4.4 CITY-ST-ZIP ALACHUA FL 32615TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 attachment with an address.

SIGNATURE: Thomas S. Ridge REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-19-97 904-4624103
Date Daytime Phone #0011434

CR2E037 (9/96)