

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28700

FILED
Apr 09, 2009
Secretary of State

Entity Name: LONGWOOD BABE RUTH BASEBALL LEAGUE OF SEMINOLE COUNTY, INC.

Current Principal Place of Business:

100 CANADA AVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P O BOX 521202
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 59-3091300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUBER, FRED J
740 FLORIDA CENTRAL PARKWAY
STE 2042
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, WARREN
Address: 100 CANADA AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: KUNKEL, TIM
Address: 1097 AMANDA KAY CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: THATCHER, TINA
Address: P.O. BOX 521202
City-St-Zip: LONGWOOD, FL 32752

Title: T () Delete
Name: GRUBER, FRED J
Address: 740 FLORIDA CENTRAL PARKWAY STE 2042
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN R. BROWN

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date