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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11 1996 8:00 am  
Secretary of State

DOCUMENT # N47723 (4)

1. Corporation Name

SOUTH LAKE LAND BABE RUTH LEAGUE, INC.

Principal Place of Business

HIGHWAY 540 A  
CHRISTINA PARK  
LAKE LAND FL 33801  
US

Mailing Address

P.O. BOX 5497  
LAKE LAND FL 33807-5497  
US



3. Date Incorporated or Qualified  
03/05/1992

3a. Date of Last Report  
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. 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

WHIPP, STAN  
1317 PERIWINKLE CT  
LAKE LAND FL 33813

81 Name SPARKMAN, JONATHAN C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6722 TAYLOR RD.  
83  
84 City LAKE LAND FL 85 Zip Code 33811

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

Jonathan C. Sparkman

JONATHAN C. SPARKMAN, PRESIDENT

1-22-96

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WHIPP, STAN	1317 PERIWINKLE CT	LAKE LAND FL	<input checked="" type="checkbox"/>
VP	NICHOLS, JOHN	5111 SHEFIELD DR	LAKE LAND FL	<input type="checkbox"/>
S	CUSTRED, RICK	P O BOX 5497 N/A	LAKE LAND FL	<input type="checkbox"/>
D	CORTELLO, KEN	2000 WINDWOOD LN	LAKE LAND FL	<input type="checkbox"/>
D	PARDEKOOPER, ED	5622 BERCH RD	LAKE LAND FL	<input type="checkbox"/>
T	SMITH, CONNIE	P O BOX 5497 N/A	LAKE LAND FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	SPARKMAN, JONATHAN C.	6722 TAYLOR RD.	LAKE LAND, FL. 33811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
S	CRADLIN, RUTH ANN	6925 KLEIN RD.	LAKE LAND, FL. 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
P	RICHARDSON, JIMMY	1313 BRAMBLEWOOD DR.	LAKE LAND, FL. 33811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
P	VAUGHN, ROY	4349 LUCE RD.	LAKE LAND, FL. 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jonathan C. Sparkman JONATHAN C. SPARKMAN 1-22-96 (94) 6484832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)